2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001969

FILED May 01, 2008 Secretary of State

Current P	rincipal Place of Business:	New Principal Place of Business:
	INTY HWY 30-A OSA BEACH, FL 32459	
Current M	lailing Address:	New Mailing Address:
	Œ & BLUE, P.A.	
PO BOX 7 PANAMA (70 CITY, FL 32402	
	: 59-3666867 FEI Number Applied For () ace with s. 607.193(2)(b), F.S., the corporation did	FEI Number Not Applicable () Certificate of Status Desired (
lame and	I Address of Current Registered Agent:	Name and Address of New Registered Agent:
BURKE, LI		
21 MCKE	ES W ENZIE AVE CITY, FL 32401 US	
221 MCKE PANAMA (The above	ENZIE AVE CITY, FL 32401 US	ne purpose of changing its registered office or registered agent, or b
221 MCKE PANAMA (The above n the State	ENZIE AVE CITY, FL 32401 US e named entity submits this statement for the e of Florida. RE:	
PANAMA (The above the State	ENZIE AVE CITY, FL 32401 US e named entity submits this statement for the e of Florida.	
221 MCKE PANAMA (The above n the State	ENZIE AVE CITY, FL 32401 US e named entity submits this statement for the e of Florida. RE:	
221 MOKE PANAMA (The above in the State BIGNATUR DFFICERS Title:	ENZIE AVE CITY, FL 32401 US e named entity submits this statement for the of Florida. RE: Electronic Signature of Registered A S AND DIRECTORS: PD () Delete	Agent Date ADDITIONS/CHANGES TO OFFICERS AND DIRECTED (1) Change (1) Addition
PANAMA (The above on the State of the State	ENZIE AVE CITY, FL 32401 US e named entity submits this statement for the of Florida. RE: Electronic Signature of Registered A S AND DIRECTORS: PD () Delete FLOYD, JEFF	Agent Date ADDITIONS/CHANGES TO OFFICERS AND DIRECT Title: () Change () Addition Name:
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221 MOKE PANAMA (The above In the State BIGNATUF DFFICER: Little: Lame: Liddress: City-St-Zip: Title:	ENZIE AVE CITY, FL 32401 US e named entity submits this statement for the of Florida. RE: Electronic Signature of Registered A S AND DIRECTORS: PD () Delete FLOYD, JEFF 4915 FOUR OAKS CT ATLANTA, GA 30360 VPD () Delete	Agent Date ADDITIONS/CHANGES TO OFFICERS AND DIRECT Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition
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I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEFF FLOYD PD 05/01/2008