## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N98000002112

FILED Jul 31, 2008 Secretary of State

intity Na		
urrent P	rincipal Place of Business:	New Principal Place of Business:
	TH POINTE BLVD. S, FL 33919	
Current M	lailing Address:	New Mailing Address:
746 MAR SUITE 500 CHATTAN		
n accordan	: 65-0827752 FEI Number Applied For ( ) ce with s. 607.193(2)(b), F.S., the corporation d	id not receive the prior notice.
lame and	I Address of Current Registered Agent	: Name and Address of New Registered Agent:
DEMOLA,	DAVID T DEV	
	DSWEPT DR PRINGS, FL 34135 US	
ONITA She above	DSWEPT DR PRINGS, FL 34135 US	the purpose of changing its registered office or registered agent, or both,
ONITA S he above the State	DSWEPT DR PRINGS, FL 34135 US named entity submits this statement for teleof Florida.	the purpose of changing its registered office or registered agent, or both,
ONITA S he above the State	DSWEPT DR PRINGS, FL 34135 US named entity submits this statement for teleof Florida.	
SONITA S The above In the State	DSWEPT DR PRINGS, FL 34135 US named entity submits this statement for telepide. RE:	
ONITA S The above In the State	DSWEPT DR PRINGS, FL 34135 US named entity submits this statement for tele of Florida.  RE: Electronic Signature of Registered	Agent Date
CONITA S The above The State SIGNATUI  DFFICER title: ame: ddress:	DSWEPT DR PRINGS, FL 34135 US  named entity submits this statement for tele of Florida.  RE: Electronic Signature of Registered  S AND DIRECTORS:  D () Delete DEMOLA, DAVID T REV. 9025 WINDSWEPT DRIVE	Agent Date  ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR  Title: ( ) Change ( ) Addition  Name: Address:

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: ELIO S NATALE 07/31/2008 D