2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003074

FILED Apr 27, 2007 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:		
	CASTER TER IVILLE, FL 32			
Current M	lailing Addre	ess:	New Mailing Address	ss:
PO BOX 4 JACKSON	0749 IVILLE, FL 32	203		
FEI Number	: 59-3520492	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:		Name and Address	Name and Address of New Registered Agent:	
HAY, JON	ATHAN L			
	CASTER TRR IVILLE, FL 32			
JACKSON The above	IVILLE, FL 32	204 US	purpose of changing its register	ed office or registered agent, or both,
JACKSON The above	IVILLE, FL 32 named entity of Florida. RE:	submits this statement for the		
JACKSON The above in the State	IVILLE, FL 32 named entity of Florida. RE:	204 US		ed office or registered agent, or both, Date
JACKSON The above in the State SIGNATUI	IVILLE, FL 32 named entity of Florida. RE:	submits this statement for the nic Signature of Registered A	gent	
JACKSON The above in the State SIGNATUI OFFICER: Vame: Address:	e named entity e of Florida. RE: Electro S AND DIRECTOR DVPS (FINCHEM, HO 7160 MARSH	submits this statement for the nic Signature of Registered ACTORS:) Delete	gent	Date
JACKSON The above in the State SIGNATUI	e named entity e of Florida. RE: Electro S AND DIRECTOR DVPS (FINCHEM, HO 7160 MARSH PONTE VEDR DP (HILTON, THOM 3 SAN JUAN CO	submits this statement for the submits this statement for the spice of Registered A CTORS:) Delete DLLY HAWK COURT A BEACH, FL 32082) Delete WAS C	gent ADDITIONS/CHANG Title: Name: Address:	Date BES TO OFFICERS AND DIRECTOR

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: DENISE G. BROWN 04/27/2007 D