2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 19, 2006 8:00 am Secretary of State

DOCUMENT # N9800005820 1. Entity Name VICTORY FOUNDATION, INC.						, 81 050 ****61.	25	
5401 HANGAR COURT 54		Mailing Address 5401 HANGAR COURT TAMPA, FL 33634-5341			4000°*			
2. Principal Place of Business		3. Mailing Address			.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01062006 Ch	ng-NP C	R2E037 (11/05)		
City & State		City & State		4. FEI Number 59-353643	7		plied For t Applicable	
Zip	Country	Zip	Country	5. Certificate of St	atus Desired	□ \$8.75 Add Fee Required		
	6. Name and Address of Current	Registered Agent		7. Name and Add	ress of New Regis	stered Agent		
FRANZBLAU, ROBERT M			Name	Name				
5401 HANGAR COURT TAMPA, FL 33634-5341			Street Address		(P.O. Box Number is Not Acceptable)			
			City	City FL Zip Code				
	named entity submits this statement fi	or the purpose of changing its re	egistered office or reg	gistered agent, or both, in	the State of Florida	a. I am familiar with,	and accept	
inc obligat	gold of rogicionou again.	•						
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE:	Registered Agent signature re	equired when reinstating)		DATE		
SIGNATURE	Signature, typed or printed name of registered ager				Make			
SIGNATURE		9. Election Carn Trust Fund Co	paign Financing	\$5.00 May Be		check payable to Department of St		
SIGNATURE	Signature, typed or printed name of registered ager Filing Fee is \$61.25	9. Election Camp Trust Fund Co	paign Financing	\$5.00 May Be	Florida	check payable to Department of St	tate	
10.	Filing Fee is \$61.25 Due by May 1, 2006 OFFICERS AND D	9. Election Camp Trust Fund Co	paign Financing ontribution.	\$5.00 May Be Added to Fees	Florida	check payable to Department of St	tate	
10.	Signature, typed or printed name of registered ager Filling Fee is \$61.25 Due by May 1, 2006 OFFICERS AND D	9. Election Cam Trust Fund Co	paign Financing ontribution.	\$5.00 May Be Added to Fees	Florida	check payable to Department of SI	tate	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: