## **2007 NOT-FOR-PROFIT CORPORATION**

## **ANNUAL REPORT**

## FILED Apr 16, 2007 8:00 am Secretary of State 04-16-2007 90062 008 \*\*\*\*70.00



Tip Country	ed For
Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  City & State  Country  Country  Sign  Country  Country  Country  Sign  Country  Country  Country  Country  Country  Sign  Country  City  FL  City  City  FL  City  City  FL  City  FL  City  City  FL  City  FL  Ci	ed For
City & State  Country  Status Desired  Status Desired  Status Desired  Status Desired  Status Desired  Status Desired  City  Street Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City  FL  City  Code  Registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent.  Signature. Typed or printed name of registered agent and bite of applicable  Filling Fee is \$81.25  Due by May 1, 2007  Due by May 1, 2007  Detel  Detel  City  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 14  Change  Change  Change  Change  Change  City  Appl  Added to Fees  Appl  Appl  CR2E037 (12/06)  Not.  Status Desired  Status Desired  Status Desired  Status Desired  Status Desired  Appl  Appl  Appl  CR2E037 (12/06)  Not.  Status Desired  Status Desired  Status Desired  Appl  Credition Campaign Financing  Trust Fund Contribution.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 14  Change  Change	pplicable
Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additing Fee Required  6. Name and Address of Current Registered Agent Name  MCKENZIE, LIPTON Z 3520 W. BROWARD BLVD SUITE 114 FT. LAUDERDALE, FL 33312  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent.  SIGNATURE  Filling Fee is \$61.25 Due by May 1, 2007  DATE  Mockenzie, Vision Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Display its registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent.  PL Zip Code  Name  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  The Street Address (P.O. Box Number is Not Acceptable)	pplicable
6. Name and Address of Current Registered Agent  MCKENZIE, LIPTON Z 3520 W. BROWARD BLVD SUITE 114 FT. LAUDERDALE, FL 33312  City  FL  Zip Code  8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent.  SIGNATURE  Filling Fee is \$61.25 Due by May 1, 2007  DATE  9. Election Campaign Financing Trust Fund Contribution.  GFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 14	nal
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Filling Fee is \$61.25 Due by May 1, 2007  10.  OFFICERS AND DIRECTORS  Delete    NOTE Registered Agent signature required when renstating)   DATE    S5.00 May Be Added to Fees   Make check payable to Florida Department of State	I accept
Due by May 1, 2007     Trust Fund Contribution.     □ Added to Fees     Florida Department of State       10.     OFFICERS AND DIRECTORS     11.     ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 14       IIILE     PD     □ Delete     IIILE     □ Change	<del></del>
TITLE PD Delete TITLE Change	
Delete Miles	
NAME         MCKENZIE, LIPTON Z         NAME           SIREET ADDRESS         3880 NW 5TH COURT         STREET ADDRESS           CITY-S1-ZIP         FT. LAUDERDALE, FL 33311         CITY-S1-ZIP	Addition
TITLE D Delete TITLE Change  NAME SPENCER, GEORGE NAME  STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE, FL 33311 CITY-ST-ZIP	Addition
ITILE         SD         ☐ Delete         HTLE         ☐ Change           NAME         JACKSON, ROBERT         NAME           SIREET ADDRESS         3440 NW 7TH STREET         SIREET ADDRESS           CITY-ST-ZIP         FT. LAUDERDALE, FL 33311         CITY-ST-ZIP	] Addition
IIILE         TD         Delete         IIILE         Change           NAME         THOMKIN, LINA         NAME           SIREET ADDRESS         670 NW 37TH AVENUE         SIREET ADDRESS           CITY-ST-ZIP         FT. LAUDERDALE, FL 33311         CITY-ST-ZIP	Addition
TITLE         D         Delete         TITLE         Change           NAME         WILLIAMS, JOE         NAME           STREET ADDRESS         5712 NW 68 AVENUE         STREET ADDRESS           CITY-ST-ZIP         CITY-ST-ZIP	J
TITLE NAME STREET ADDRESS CITY-ST-ZIP  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 supplied with the information supplied with the information supplied with the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further 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 supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further 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 supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further 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 supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information supplied with the informa	Addition

indicated on this report of suppliemental report is true and accurate and that my signature shall have the same legal effect as it 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: