2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

May 04, 2006 8:00 am Secretary of State

1. Entity Nam	MENT # N99000000 LORIDA CHAPTER, INCOR						
Principal Place 15800 NORT MIAMI, FL 33	HWEST 42 AVE.	Mailing Address -PO-BOX-552134- MIAMI-FL-33066	2. AVE	40	08463	9	
2. Principal Pl	lace of Business NONTHWEST 42 AN	N. M. Marry; FR 3. Mailing Address PD BOX553					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	X(3)	04142006 Ch	ng-NP	CR2E037 (11/05)
City & State	6 .	City & State MiAmi, FL	- USA	4. FEI Number 65-089098	7		Applied For Not Applicable
Zip	Country	Zip 33055	Country	5. Certificate of Sta	atus Desired	□ \$8.75 A	
	6. Name and Address of Current R	legistered Agent		7. Name and Add	ress of New R	egistered Agent	
THOMAS, 12905 NE N MIAMI, F	12 AVENUE		Name Street Address	(P.O. Box Number is N	Not Acceptable	o)	
	;		City			FL Zip C	ode
	named entity submits this statement for ions of registered agent.	the purpose of changing its re	gistered office or regist	ered agent, or both, in	the State of Flo	orida. I am familiar wi	th, and accept
		/ ^					
SIGNATURE .	Signature, typed or printed name of registered agent as	nd title if applicable. (NOTE: R	tegistered Agent signature requir	ed when reinstating)		DATE	
SIGNATURE .	Signature, typed or printed name of registered agent a Filling Fee Is \$61.25 Due by May 1, 2006	9. Election Camp Trust Fund Cor	aign Financing	\$5.00 May Be Added to Fees		DATE lake check payable ida Department of	
SIGNATURE .	Filing Fee Is \$61.25	9. Election Camp Trust Fund Cor	aign Financing	\$5.00 May Be	Flori	ake check payable ida Department of	State
10. TITLE NAME	Filing Fee Is \$61.25 Due by May 1, 2006 OFFICERS AND DIR PD THOMAS, MARK	9. Election Camp Trust Fund Cor	aign Financing ntribution. 11. TITLE NAME	\$5.00 May Be Added to Fees	Flori	ake check payable ida Department of	State IN 10
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10. TITLE NAME STREET ADDRESS	Filing Fee Is \$61.25 Due by May 1, 2006 OFFICERS AND DIRI PD THOMAS, MARK 12905 NE 12 AVE N MIAMI, FL 33161 VP SINGLETARY, CARLENTINE 8850 NW 3 STREET	9. Election Camp Trust Fund Cor ECTORS	aign Financing ntribution. 11. TITLE NAME STREET ADDRESS	\$5.00 May Be Added to Fees	Flori	lake check payable ida Department of RS AND DIRECTORS	State IN 10 e
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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:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Detail Daylore Flore /