2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 22, 2005 8:00 am Secretary of State

| 1. Entity Nam | MENT # N9900000° DE COEUR, INC. | 1215 | | | | | 02-22-2005 | 90029 02: | 9 ****61. | .25 |
|--|---|--------------------|--|--|--|---|--|--|--|--------------------------------|
| Principal Place 607 SWEETW LONGWOOD, | ATER COVE BLVD SOUTH | P 0 B | ing Address BOX 916790 NGWOOD, FL 32791 US | | | 1 10 671 10 110 11 | irin 48411 antılı Abilli Al | | 0176 | |
| 2. Principal P | lace of Business | 3. Mailir | ng Address | | | | | | | |
| Suite, Apt. | #, etc. | Suit | e, Apt. #, etc. | | | 01062005 | Chg-NP | CR2E03 | 7 (10/03) | |
| City & State | | City | City & State | | | 4. FEI Number 59-35974 | 466 | | <u></u> | oplied For |
| Zip | Country | Zip | | Cou | intry | 5. Certificate of | Status Desired | | 8.75 Add ee Required | |
| | 6. Name and Address of Current | Registered | Agent | | <u></u> | 7. Name and A | ddress of New | Registered A | gent. | |
| FAZIO. RE | ENA | | | | Name | | | | | |
| FAZIO, RENA 996 N. PHELPS AVE WINTER PARK, FL 32789 | | | | | Street Addre | ess (P.O. Box Number | is Not Acceptab | le) | | |
| | | | | | City | | | | Zip Code | le |
| | | | | | [| | | FL | -, | |
| | named entity submits this statement for ions of registered agent. | or the purpo | se or changing its | register | ed office of regi | istered agent, or both, | in the State of | ionida. Tami | arımıar witir, | ано вссерт |
| SIGNATURE . | Signature, typed or printed name of registered agent | and title if appli | cable. (NOT | E: Registere | d Agent signature req | guired when reinstating) | | DATE | | |
| SIGNATURE . | Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2005 | and title if appli | 9. Election Cal Trust Fund | mpaign F | inancing _ | \$5.00 May Be Added to Fees | | DATE Make check prida Depart | | |
| SIGNATURE | Filing Fee is \$61.25 | | 9. Election Car | mpaign F | inancing _ | \$5.00 May Be | Flo | Make check rida Depart | ment of St | tatė |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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: | | Molley | SHERRILL | Housey | 2-17-05 | 321-264-2 |
|------------|--------------------------|--------|----------|-----------------|---------|-----------|
| | SIGNATURE AND TYPED OR P | | Date | Daytime Phone # | | |