2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 11, 2007 8:00 am Secretary of State

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|--|---|--|--|--|---|---|-------------------------|
| 1. Entity Nam | MENT # N9900001 | | Secretary of State 04-11-2007 90034 004 ****61.25 | | | | |
| 6335 PORTOFINO LN 63 | | Mailing Address 6335 PORTOFINO LN MELBOURNE, FL 32940-7485 | | <u></u> | -, · · · · · · · · · · · · · · · · · · · | | |
| 2. Principal F | Place of Business - No P.O. Box # | 3. Mailing Address | | | | | |
| Suite, Apt. #, etc. City & State | | Suite. Apt. #, etc. City & State | | | iele eem sein sein esii esii eemi ilei | 11 etaŭ justa 1969 et es | |
| | | | | 01092007 CI | 01092007 Chg-NP CR2E037 (12/06) | | |
| | | | | 4. FEI Number 59-356439 | 4. FEI Number Applied For 59-3564390 Not Applicable | | |
| Zip | Country | Zip | Country | 5. Certificate of St | | 8.75 Additional ee Required | |
| | 6. Name and Address of Current R | Registered Agent | | 7. Name and Add | ress of New Registered A | | |
| | | | Name | - i | | - | |
| | MILLIAM R RTOFINO LN | | Street Addr | Street Address (P.O. Box Number is Not Acceptable) | | | |
| MELBOURNE, FL 32940 | | | | | | | |
| | | | | | | | |
| | | | City | | FL | Zip Code | <u> </u> |
| SIGNATURE | Signature, typed or printed name of registered agent to | and title if applicable. (NOTE: | Registered Agent signature in | | DATE Make check | nevehla to | . |
| I | Filing Fee is \$61.25 Due by May 1, 2007 | Trust Fund Co | | \$5.00 May Be Added to Fees | Florida Depart | | |
| 10. | OFFICERS AND DIR | ECTORS | 11. | ADDITIONS/CHANG | ES TO OFFICERS AND DIR | ECTORS IN 10 | _ |
| TITLE | DP. | Delete | TITLE | | | ☐ Change ☐ A | |
| MANNE STREET ADDRESS | COPELAND, RALPH A 6975 GENOA TRL | | NAME | | | | ddition |
| CITY-ST-ZIP | 1 min or more mer | | 1 | | | | ddition |
| | MELBOURNE, FL 329407485 | | STREET ADORESS CITY-ST-ZIP | | | | ddition |
| TITLE | MELBOURNE, FL 329407485 DVP | ☐ Delete | STREET ADORESS CITY-ST-ZIP TITLE | RESIDENT = (| | | |
| TITLE NAME | | ☐ Delete | STREET ADORESS CITY-ST-ZIP TITLE | | | | |
| NAME STREET ADDRESS | DVP DEILMAN, BUCK 6301 PORTOFINO LN | ☐ Delete | STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 6 | BOL PORTOR | SLENN "BU | 図 Change 口A | |
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12. Thereby 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 charged, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS 6361 PORTOFINO LN

MELBOURNE FL 32940

☐ Change

☐ Addition

SIGNATURE: All TYPED OR PRINTED NAME OF SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE OR DIRECTOR

9-9-2007 321-253-6585

Date Daystre Prome #

Delete

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZP

CITY-ST-ZIP

TITLE

NAME