2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N99000002227



FILED Feb 16, 2006 8:00 am Secretary of State

| Pincipal Place of Business | 1. Entity Nan CHARITY TIME MIN | / FELLO | WSHIP INTERNAT S INC. | ΓΙΟΝΑL | HARVEST | | | | | 02-16-20 | 06 90062 (| 001 ****62 | 2.00 |
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| Sultic. Apt. 8, etc. Sultic. Apt. 8, etc. Sultic. | 2404 CONDADO COURT P. | | | P.O. | P.O. BOX 450821 | | | | | | | | |
| City & State City & State City City City City City City City City | 2. Principal Place of Business 3. Ma | | | | Mailing Address | | | | | | | | |
| Sec. 2094.993 Not Applicable Sec. 2094.993 Not Applicable Sec. 2094.993 Sec. 2094.994 Sec. 2094. | Suite, Apt. #, etc. | | | Su | Suite, Apt. #, etc. | | | | 02012006 | Chg-NP | CR2E | 037 (11/05) | |
| Signature PD Delete Signature Sign | City & State | | | City & State | | | | | TO 000 4000 | | | | |
| Name Name Street Address (P.O. Box Number is Not Acceptable) Street Address (| Zip | | | | | | intry | <u></u> | | | | Fee Required | |
| ### PACH CONDADO COURT — KISSIMMEE, FL 34743-3343 City | 6. Name and Address of Current Registered | | | | od Agent | | | | 7. Name and | Address of No | ew Registered | Agent | ······································ |
| 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 accept the obligations of registered agent. SIGNATURE Signature Signature required agent and the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature Signature required agent and the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the problem of registered agent, or both, in the State of Florida. I am familiar with, and accept the problem of registered agent, or both, in the State of Florida. I am familiar with, and accept the problem of registered agent, or both and accept the problem of registered agent, or both and accept the problem of registered agent, or both and accept the problem of registered agent, or both and accept the problem of registered agent, or both and accept the problem of registered agent, or both and accept t | -2404 CONDADO COURT | | | | | | | Address (| (P.O. Box Number is Not Acceptable) | | | | |
| SIGNATURE Signature. typed or patient name of inquitament agent and title 1 apphability. PATE | | | | | | | City | | | | F | L Zip Cod | le |
| FILING Foe is \$61.25 Section Campeign Financing Trust Fund Contribution. S. Election Campeign Financing Added to Fees S. 00 May 88 | | | | or the purp | ose of changing its | registere | ed office o | r register | red agent, or bot | h, in the State o | of Florida. I ar | n familiar with, | and accept |
| Trust Fund Contribution. Trust Fund Fund Contribution. Trust Fund Fund Contribution. Trust Fund Fund Fund Fund Fund Fund Fund Fund | SIGNATURE | | | | | | | | • | | | | |
| TITLE MAKE STREET ADDRESS CITY-ST-ZP CITY-ST | ļ | | or printed name of registered agen | itand tipe italbi | olicable. (NOT: | E: Registere | d Agent signs | ture required | when reinstating) | | DATE | | • |
| NAME SIRET ADDRESS CITY-ST-ZP TITLE TD TD TO | | Filing Fe | e is \$61.25 | t and tipe if ep | 9. Election Can | npaign F | inancing | | \$5.00 May B | 9 | Make che | ck payable t | |
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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: