2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002369

FILED Jan 14, 2008 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:			
	TURTLE DR ION, FL 3332	4			
Current Mailing Address:		New Mailing Address:			
	TURTLE DRI' ION, FL 3332				
El Number	: 65-0926061	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
ERNER,	IZIM				
721 SEÁ	TURTLE DR. ION, FL 3332	4 US			
721 SEÁ PLANTAT The above	TURTLE DR. ION, FL 3332		purpose of changing its registere	ed office or registered agent, or both	
721 SEÁ PLANTAT The above	TURTLE DR. ION, FL 3332: e named entity e of Florida.	submits this statement for the			
721 SEÁ PLANTAT The above n the Stat	TURTLE DR. ION, FL 3332: e named entity e of Florida.			ed office or registered agent, or both Date	
721 SEÁ PLANTAT The above In the Stati	TURTLE DR. ION, FL 3332: e named entity e of Florida.	submits this statement for the	gent		
721 SEÁ PLANTAT The above In the Stati	TURTLE DR. ION, FL 3332 e named entity e of Florida. RE: Electro S AND DIREC	submits this statement for the nic Signature of Registered Agentors:) Delete RTLE DR.	gent	Date	
721 SEÁ LANTAT he above in the State IGNATU PFFICER ttle: ame: ddress:	TURTLE DR. ION, FL 3332: e named entity e of Florida. RE:Electro S AND DIRECTOR (LERNER, KIM 9721 SEA TUP PLANTATION,	submits this statement for the nic Signature of Registered Agentors:) Delete RTLE DR. FL 33324) Delete M DR. D ST.	gent ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTO	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KIM B LERNER DP 01/14/2008