2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #\/66654



FILED Feb 16, 2007 8:00 am Secretary of State

1. Entity Nam	WIENT # VOOO34 CREDIT UNION SHARED (02-16-2007 9	90025 04	/ ***150.	.00			
			tress Amonwealth blvd See, FL 32303 US		400	<u>, , , , , , , , , , , , , , , , , , , </u>					
2. Principal P	face of Business - No P.O. Box #	I. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02082007	Chg-P	CR2E0	34 (12/06)			
City & State		City & State			4. FEI Numbe 59-3167				oplied For ot Applicable		
Zip	Country	Zip	Country		5. Certificate	of Status Desired		\$8.75 Add Fee Require			
	6. Name and Address of Current F	legistered Agent			7. Name and	Address of New I	Registered	Agent			
CARLAND	A AAA DAWAA AA		Name	9							
GARLAND, MARVIN M 3773 COMMONWEALTH BLVD TALLAHASSEE, FL 32303			Stree	t Address (P.O. Box Numbe	er is Not Acceptabl	le)				
			City	····			FL	Zip Cod	le		
8. 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											
FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees											
		T		\$5 □ Add	.00 May Be led to Fees		-				
		Trust Fund Contr		\$5 □ Add	led to Fees	CHANGES TO OF	FICERS AND) DIRECTOR	S IN 11		
After Ma	ay 1, 2007 Fee will be \$550.0	Trust Fund Contr	ibution.	Add	ADDITIONS/		FICERS AND	DIRECTOR	S IN 11		
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12. I hereby certify that the information supplied with this filling 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 607, 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.

SIGNATURE:	7 Kincy Dalton, Phisident ICED	Nancy Dalton	1-12-07	904 131-8133
	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #