


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90103 026 ****61.25

DOCUMENT # N99000002247			
1. Entity Name S E D R A I N C.			
Principal Place of Business C/O CAREN J. STAUFFER 5510 HOWELL BRANCH ROAD WINTER PARK, FL 32762		Mailing Address C/O CAREN J. STAUFFER 5510 HOWELL BRANCH ROAD WINTER PARK, FL 32762	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc. 181 Riverwoods Dr		Suite, Apt. #, etc. SAME	
City & State Chuluota FL		City & State	
Zip 32766	Country USA	Zip	Country
6. Name and Address of Current Registered Agent STUFFER, CAREN 5570 HOWELL BRANCH RD WINTER PARK, FL 32792 <i>See → Corrections</i>		7. Name and Address of New Registered Agent Name CAREN STAUFFER Street Address (P.O. Box Number is Not Acceptable) 181 Riverwoods Dr City Chuluota FL Zip Code 32766	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCAHON, RUTH A 12257 SANDY RUN JUPITER, FL 33478 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GINN, JAYNE 18124 126TH TERR N JUPITER, FL 33478 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Liz Perez-Riddle 15175 93rd LANE N Jupiter, FL 33478 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CRANMOR, BANY 1507 115TH AVE N JUPITER, FL 33478 <input type="checkbox"/> Delete 15671	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD STAUFFER, CAREN <i>Stauffer</i> 5510 HOWELL BR RD WINTER PARK, FL 32792 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	181 Riverwoods Dr Chuluota, FL 32766 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD THOMPSON, CAROL 3715 PENNSYLVANIA AVE MIMS, FL 32754 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RSD RAMSEY, MARIS 13209 CR 561A CLERMONT, FL 34711 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Caren Stauffer</i>		Date: <i>1-18-07</i> Daytime Phone #: <i>407-365-5601</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

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4. FEI Number **59-3637533** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**