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2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 709774			
Principal Place of Business 11 ALHAMBRA CIRCLE MIAMI, FL 33138 US		Mailing Address 770 N.E. 69TH STREET MIAMI, FL 33138 US	
Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-1112308		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ORLD, INC. 11 ALHAMBRA CIRCLE SUITE 1102 ORAL GABLES, FL 33134		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	FL
		Zip Code	

66013507



03142007 Chg-NP CR2E037 (12/06)

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 _____ (NOTE: Registered Agent signature required when retreating) _____ DATE _____

Filing Fee is \$81.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. \$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 P	GANATRA, GIGI 770 N.E. 69TH STREET, # 6I MIAMI, FL 33138	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP	MATHISEN, WILLIAM 770 N.E. 69TH STREET, # 2F MIAMI, FL 33138	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	GIGI, GANATRA 770 NE 69 ST., UNIT 6I MIAMI, FL 33138	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE ST	COHEN, JOEL 770 N.E. 69TH STREET, # 3I MIAMI, FL 33138	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D	CONE, OWEN 770 N.E. 69TH STREET, # 6D MIAMI, FL 33138	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	JOYCE, WILLIAM R 770 N.E. 69TH STREET, # 7D MIAMI, FL 33138	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE DIRECTOR	GANATRA, GIGI 770 N.E. 69th St #6I MIAMI, FL 33138		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE PRESIDENT	MATHISEN, WILLIAM 770 N.E. 69th St, #2F MIAMI, FL 33138		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VICE PRESIDENT	TIPPETT, SUSAN 770 N.E. 69th St, # 7H MIAMI, FL 33138		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE TREASURER	LOVELAND, KATHERINE 770 N.E. 69th St # 2H MIAMI, FL 33138		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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 fees approved.

SIGNATURE: William R. Cone 5/3/07 305 759 2455
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #