
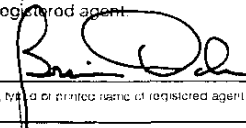


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 21, 2007 8:00 am
Secretary of State

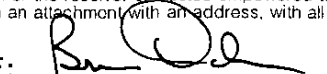
02-21-2007 90027 019 ****61.25

DOCUMENT # 712753					
1. Entity Name 520 SPRING AVENUE, INC.					
Principal Place of Business 520 SPRING AVE ANNA MARIA FL 34216 US		Mailing Address P O BOX 251 ANNA MARIA FL 34216-0215 US			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address PO Box 251			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number NO-T APPLICABLE	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DAHMS, BRIAN 160 CRESCENT DRIVE PO BOX 251 ANNA MARIA FL 34216			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 		SIGNATURE Brian Dahms		DATE 2-7-07	
<p>FILE NOW: FEE IS \$61.25 Due By May 1, 2007</p>		<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/></p>		<p>\$5.00 May Be Added to Fees</p>	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MCINEVNEY, GEORGE	NAME			
STREET ADDRESS	2716 SEASPRAY ST	STREET ADDRESS			
CITY ST ZIP	SARASOTA FL 34231	CITY ST ZIP			
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DAHMS, BRIAN	NAME			
STREET ADDRESS	160 CRESCENT DRIVE	STREET ADDRESS			
CITY ST ZIP	ANNA MARIA FL 34216	CITY ST ZIP			
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DAHMS, MAUREEN	NAME			
STREET ADDRESS	160 CRESCENT DRIVE	STREET ADDRESS			
CITY ST ZIP	ANNA MARIA FL 34216	CITY ST ZIP			
TITLE	DT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CAIN, PAT & PETER	NAME			
STREET ADDRESS	520 SPRING AVE	STREET ADDRESS			
CITY ST ZIP	ANNA MARIA FL 34216	CITY ST ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY ST ZIP		CITY ST ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY ST ZIP		CITY ST ZIP			



1st MOORE CR2E037 (10/06)

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **BRIAN DAHMS** 2/7-07 941-778-0542