2006 NOT-FOR-PROFIT CORPORATION

FILED Apr 20, 2006 08:00 AN Secretary of State

ANNOAL REPORT					Apr 20, 2000 00:00 A			
1. Entity Nam	MENT # N97000002 PTER 98 INC.	131			Seci	retary	of State	
1	pe of Business 131ST PLACE 32618 US	Mailing Address 12691 N.E. 131ST PLACE ARCHER, FL 32618 US						
				No Chg-NP	CR2E037 (*			
DO NOT WRITE IN THIS SPA			CE	4. FEI Numbe 59-344	er	··············	Applied For Not Applicable	
	· ·			5. Certificate	of Status Desired	□ \$8. Fee I	75 Additional Required	
12691 N.E	6. Name and Address of Current R ANG, DAVID E PH.D. E. 131ST PLACE FL 32618	egistered Agent		DO	NOT W	• .	***	
the obligat	named entity submits this statement for tions of registered agent.	the purpose of changing its register	L ed office or register	ed agent, or bot	h, in the State of Flor	rida. 1 am famili	ar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent as	d title it applicable. (NOTE. Register	ed Agent signature required	when reinstating)	·	DATE		
	Filing Fee is \$61.25 Due by May 1, 2006	Election Campaign Fina Trust Fund Contribution.	ncing \$5.	00 May Be ed to Fees	-			
10.	OFFIČERS AND Č	IRECTORS.	1					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HINTENLANG, DAVID E PH.D. 12691 N.E. 131ST PLACE ARCHR, FL 32618				U00000 05/02/06-	520790 20110-00	0 C1 OC	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HANNA, KEVIN 3124 S W 154TH STREET ARCHER, FL 32618			f = 1. = <u>12</u> .		00110 00	a ut.co	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WHITLEY, WILLIAM 294 SW CR18 HIGH SPRINGS, FL 32643		7 (41 ⁷ 42) 2 (4 7 = 1	DO	NOT W	RITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SP	ACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP						• • • • • • • • • • • • • • • • • • •		
TITLE NAME STREET ADDRESS		-				* *	-	

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:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/06 352-382-140/ Date Daytme Phone 4