2004 NOT-FOR-PROFIT CORPORATION

FILED Apr 22, 2004 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # P29158** A THE ROOM

1. Entity Nan		DNSERVANCY (CORPO	RATION					0	4-22-2	2004 9	90012 ()34 **'	**61	.25
Principal Place of Business 1100 17TH ST NW WASHINGTON, D. 20036 US Mailing Address 1100 17TH ST NW WASHINGTON, D. 20036					36 U	S							.	• • •	,,,,,
2. Principal Place of Business 3. N			3. Mailing	. Mailing Address											
Suite, Apt. #, etc.			Suite	Suite, Apt. #, etc.				04082004	Ch	ng-NP		CR2E0	37 (10/0	03)	
City & State			City 8	City & State				4. FEI Numb 52-143		6	-				olied For Applicable
Zip Country			Zip	Zip Cou			5. Certificate of Status Desired						\$8.75 Fee Rec		
	6. Name and A	Address of Current R	egistered	Agent				7. Name and	d Addr	ress of N	lew Re	gistered	Agent		
DDVAN K	(ENI					Name									
BRYAN, KEN 2545 BLAIRSTONE PINES DR TALLAHASSEE, FL 32301						Street Address (P.O. Box Number is Not Acceptable)									
						City	<u>. </u>	.				FL	Zip	Code	·
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the obligat	e named entity subn tions of registered a	mits this statement for tagent.	the purposi	e of changing its .	registere	ed office o	r registere	ed agent, or bo	oth, in t	the State	of Flor	ida. I am	familiar v	with, a	and accept
SIGNATURE														-	
GIGITATIONE	Signature, typed or printe	ed name of registered agent an	nd title it applica	ation, elds	Registere	d Agent signa	ture required	when reinstating)				DATE			İ
SIGNATORE	Filing Fee is: Due by May 1	\$61.25	nd title if applica	9. Election Carr Trust Fund C	npaign F	inancing		\$5.00 May I	Be s			ike chec			
10.	Filing Fee is	\$61.25 I, 2004		9. Election Carr	npaign F iontributi	inancing		\$5.00 May t Added to Fees	s	S TO OF	Florie	ike chec da Depai	tment	of Sta	ate
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental poort is tode 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 trostee 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: