2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

SIGNATURE:

FILED Mar 11, 2005 08:00 AM Secretary of State

407 422 - 4040

Daytime Phone #

1. Entity Nam	MENT # F01044 SSOCIATES, INC.				Sec	retary of State
,		Mailing Address 500 DELANEY AVE STE 404 C/O BRIAN C. CANIN ORLANDO, FL 32801	Commission and the second			
D	O NOT WRITE 6. Name and Address of Current Reg	CE	03072005 No Chg-P CR2E034 (10/03) 4. FEI Number			
CANIN, BRIAN C. 500 DELANEY AVE STE 404 ORLANDO, FL 32801			DO NOT WRITE IN THIS SPACE			
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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.			· - 40	.00 May Be led to Fees		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND DIF PD CANIN, BRIAN C. 216 SYLVAN BLVD. WINTER PARK, FL VD	ECTORS			U00000	258985 80005-020 150.00
NAME STREET ADDRESS CITY-ST-ZIP TITLE	CANIN, MYRNA F. 216 SYLVAN BLVD. WINTER PARK, FL			÷	03/11/05~	30003-020 130.80
NAME STREET ADDRESS CITY-ST-ZIP	······································		_		NOT W	
NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SF	PACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					_	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
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 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 607, 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.						