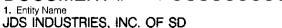
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

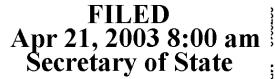
F9800005050

1. Entity Name





2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.



04-21-2003 90542 005 ***150.00

2704 W. 3RD ST · 270			Mailing Address 2704 W. 3RD ST SIOUX FALLS SD 57104							
Principal Place of Business 3. Mailing Address						! 1001100 1110 16101 16111 00111 00111 00111 0611 06114 001	U	OLEN OBAT HOUS		
Suite, Apt. #, etc. Suite, Apt. #, etc.			e, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
City & State			City & State			4.	FEI Number 46-0415545		oplied For ot Applicable	
Zip	Zip Country Zip		Coun	Country		5. Certificate of Status Desired See Required \$8.75 Additional Fee Required				
	6. Name and Address of Current	Registere	ed Agent			7.	Name and Address of New Registered A	jent		
CLETTEN	COTT				Name					
SLETTEN,					Street Add	iress (P.O. E	Box Number is Not Acceptable)			
	LS BAY HWY #2A									
JACKSON	VILLE FL 32219									
					City		FL	Zip Cod	е	
	named entity submits this statement for ions of registered agent.	or the purp	ose of changing its	registere	L ed office or re	egistered ag	gent, or both, in the State of Florida. I am fa	I miliar with,	and accept	
SIGNATURE .	Signature, typed or printed name of registered agent	and title if app	ticable. (NOTE	: Registere	d Agent signature	required when re	reinstating) DATE			
After	ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of	of State					9. Election Campaign Financing Trust Fund Contribution.		May Be to Fees	
10.	OFFICERS AND	DIRECTO	RS	11.		AD	ODITIONS/CHANGES TO OFFICERS AND I	DIRECTOR	S IN 11	
TITLE Name: Street address City-St-Zip	CP SLETTEN, DARWIN 2410 OLD YANKEE RD SIOUX FALLS SD 57108		☐ Delete				i	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT SLETTEN, SCOTT 501 E. 61 ST ST SIOUX FALLS SD 57108	,	Delete					Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS SLETTEN, DARWIN 2410 OLD YANKEE RD SIOUX FALLS SD 57108	• •	☐ Delete	NAM! STRE	ET ADORESS -ST-ZIP		ఉండు అన్నాయి. న గా≊ _క నాహే కాగాంగు	Change	☐ Addition	
TITLE Name Street address City-St-Zip	`,		☐ Delete					Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete					Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	CITY-	ET ADDRESS ST-ZIP		110.07/(2V/) Elocido Statutas I furthar cardi	Change	☐ Addition	

inereby 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 effect in the empowered.

SIGNATURE:

605-339-4010