2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

NAME   SOUCHARD, DENIS H.   SIRE   ADDRESS   SO24 PALOMA DR   SIRE   ADDRESS   CITY ST 2P   TAMPA FL   Change   Additional Part   Additi	1. Entity Nar	me	# L72890			A	Apr 08, 2005 08:00 AM Secretary of State						
### PALOMA OR TAMPA FL 33624  2. Principal Place of Businese  Suite, Apt #, etc.  Suite, Apt #, etc.  Suite, Apt #, etc.  Suite, Apt #, etc.  City & Suite, Apt #, etc.  Country  E. Cetiflicate of Suiture Desired  Fire Registered  6. Name and Address of Current Registered Agent  Name  BOUCHARD, DENIS H.  Suite Apal Country  Steent Address (P.O. Box Number is Not Acceptable)  File NoWIT! File IS \$150.00  After May 1, 2005 Fee Will life \$500.00  After May 1, 200	DEBOUC	CHARD EN	ITERPRISES, INC.	•				<b>9</b>		•			
TAMPA FL 33824  2. Plincipal Place of Business  Suite, Apt #, etc.	Principal Place of Business				Mailing Address								_
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Sulta, Apt. #, etc.	•								TENERA EN INDAMENTE DE LA TRANSPORT				[[7]]]]]]]]]]]]]]]]]]]]]]]]]]]]]]]]]]]
City & State  Country  Zip  Country  Zip  Country  Zip  Country  Signature  6. Name and Address of Current Registered Agent  7. Name and Address of Name Registered Agent  Name  Name  Name  Name  Name  Steed Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  City  FL  Zip	2. Principal Place of Business				3. Mailing Address								
Sg-3014740   Nor.Application   Sg-3014740   Nor.Application   Sg-3014740   Nor.Application   Sg-3014740   S	Suite, Apt. #, etc.				Suite, Apt #, etc.			1	st MOORE	CR2E0	34 (10/	'04)	
Second   S	City & State				City & State			4. FEI Num	<sup>ber</sup> 59-301474	Ю		}	·
S. Name and Address of New Registered Agent	Zip Country			Zip	)	ntry	5. Certifica	te of Status Desired	×		<b>75</b> Add	ditional	
BOUCHAPD, DENIS H. 5024 PALOMA DR TAMPA FL 33624  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acceptable for the delignment of registered agent. The state of Florida is a familiar with, and acceptable for the delignment of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acceptable for fine delignment of state of Florida. I am familiar with, and acceptable for fine delignment of state of Florida. I am familiar with, and acceptable for fine delignment of state of Florida. I am familiar with, and acceptable for fine delignment of state of Florida. I am familiar with, and acceptable for fine delignment of state of Florida. I am familiar with, and acceptable for fine delignment of state of Florida. I am familiar with, and acceptable for fine delignment of state of Florida. I am familiar with, and acceptable for fine delignment of state of Florida. I am familiar with, and acceptable for fine delignment of state of Florida. I am familiar with, and acceptable for fine delignment of state of Florida. I am familiar with, and acceptable for fine delignment of fine delignment of fine delignment of fine fine familiar with, and acceptable for fine familiar with, and acceptable familiar with, and acceptable familiar with, and acceptable familiar with, and acceptable familiar with familiar with and acceptable familiar with familiar with familiar with acceptable familiar with familiar with familiar with		6. Name	and Address of Currer	t Register	ed Agent			7. Name ar	nd Address of New	Registere		<u> </u>	<u>-</u>
Stock   PALOMA DR TAMPA FL 33624     City   FL   Zip Code     City   FL   Zip Code     City   FL   Zip Code     City   FL   Zip Code     City   City   City   FL   Zip Code     City   C	BOI	UCHARD.	DENIS H.				Name						
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	5024 PALOMA DR						Street Addres	s (P.O. Box Num	ber is Not Acceptab	le)			
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							0.5						
SIGNATURE     STATUTE     STATUTE   STATUTE   STATUTE   STATUTE     STATUTE   STATUTE     STATUTE	<b>8</b> The above						1			_	<b>L</b>	•	
Signature word or pretend agent and leted all part   MOVIT   Regulated Agent assamption of continuous   Marker May 1, 2005 Fee Will Be \$150.00	the obliga	a named entity itions of regist	submits this statement ered agent.	for the purp	pose of changing its	register	ed office or regis	tered agent, or b	oth, in the State of F	orida. I a	m familia	er with,	and accep
Selection Campaign Final	SIGNATURE									· <del>-</del> .:			<u></u>
### After May 1, 2005 Fee Will Be \$\$50.00 May 6 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1/1    III	<u>-</u>		<del></del>	nt and little if ap	plicable (NOTE	Registere	d Agent signature requ	red when reinstating)		DATE			<u> </u>
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12. Thereby 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 regulred by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block in the changed, or on an attachment with an address, with all other like empowered.	12. I hereby of indicated of the cor	on this report poration or the	or supplemental report : e receiver or trustee emp	s true and owered to	accurate and that me execute this report a	the exer	nption stated in S	a sama logal offo	at an if made under .	aath: that	1 000 00 0	officer a	ar diranta.

GRATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BOACH OF DOLLARS OFFICER OR DIRECTOR

BOACH OF DIRECTOR

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**FILED**