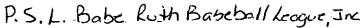
NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000005173 1. Entity Name

SIGNATURE:





FILED May 27, 2004 8:00 am Secretary of State 05-27-2004 90014 006 ****61.25

-98	AND AND	100	100.00		2000年	B. B.	ALC: NO		建	1055		9519	(A) (A)	(66)		100	100	SHE	ar and	#50 MORE	图 图	中4.0	1190	an north	CHI. BIL	SHEW.	200	HERE	P.C. Die	是1. 编码
504	-	2,5	**	THE PARTY	17			31						-	-	医多数	e e		撤		18	* *	-	NO.				190	~	
(Te	-Sit	15	St.	15541	n.	Land.		1000000		ж.		ы	語	111	٠.	200		ĸ.	\$50A	S 10		8.8		A HOLD			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		:5690	_
籬		Æ.	3	. 概	A		- 48	1000		. 15	1 h	•	12		100	1	Ŧ.,		196	31 8	100	H		6.5		1		٠.	•	27.

2 Principal P	ace of Business	3. Mailing Address		2407	7195							
	ox 880303	Pobx 8° Suite, Apt. #, etc.	80303	DO	NOT WRITE IN THIS SF	ACE						
City & State		Port St. Luci	: FL	4. FEI Number 65-095	3062	Applied For Not Applicable						
3498°	Country	34988	Country USA	5. Certificate of Status	Desired \$	8.75 Additional see Required						
	DO NOT WE	RITE		7. Name and Address of Current Registered Agent Name Chacl Street Address (P.O. Box Number is Not Acceptable)								
	named entity submits this statement for toons of registered agent.	he purpose of changing its Michael	C Part 4	ered agent, or both, in the	state of Florida. I am fan	Zip Code 34-953 iiliar with, and accept						
SIGNATURE	PEE IS \$61.25 Initial or Amended UBR	tittle if applicable. (NOTE	E: Registered Agent signature require mpaign Financing Contribution.	\$5.00 May Be Added to Fees	Make Check Florida Departr	CONTROL CONTRO						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Michael Debish 3626 Sw Parson St. Port St Luciz, El 30		TITLE NAME STREET ADDRESS CITY-ST-ZIP									
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	DVP Mitz Syler 1875 SW Belleview Port St. Lucie, FL DT	Terr. 34953	TITLE NAME STREET ADDRESS CITY ST-ZIP TITLE									
NAME STREET ADDRESS CHY-ST-ZIP TITLE	Michael Bebish 3626 Sw Parson St Dort St Lucie; FL DS	34953	NAME STREET ADDRESS CITY-ST-ZIP	and the contraction of the contr	OT WRIT							
NAME STREET ADDRESS CITY-ST-ZIP	Desiree may 1633 Sw Godson Ave Port St Lucie, FL	34953	NAME STREET ADDRESS CITY-ST-ZIP	IN III	IIS SPAC							
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP									
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY: ST: ZIP									
indicated of the cor	certify that the information supplied with the on this report or supplemental report is to poration or the receiver or trustee embored with an address, with all other like in the poration.	rue and accurate and that rivered to execute this repor	my signature shall have the	e same legal effect as if ma	ide under oath; that I am	an officer or director						

Michael Debish President 5/21/04 772-336-1045