2005 FOR PROFIT CORPORATION

FILED

ANNUAL REPORT				Jan 07, 2005 08:00 A			
DOCU 1. Entity Nam A66 - AU		B16			Se	cretary	of State
Principal Place of Business Mailing Address 10481 - 75 STREET N. 4625 EAST BAY DRIVE SEMINOLE, FL 33777 US SUITE 201 CLEARWATER, FL 33764			US	01052005 No Chg-P CR2E084 (10/03)			
DO NOT WRITE IN THIS SPA							
L	W NO! WHIE			4. FEI Numbe 59-3748			Applied For Not Applicable
					of Status Desired		5 Additional
6, Name and Address of Current Registered Agent						Fee Re	equine a
TYLER, TIMOTHY T 4625 EAST BAY DRIVE SUITE 201 CLEARWATER, FL 33764			DO NOT WRITE IN THIS SPACE				
	named entity submits this statement for flons of registered agent. Signature, typed or printed name of registered agent at		red office or register		n, in the State of Flo	orida. I am famillar DATE	with, and accept
FILE NOWILL FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution				.00 May Be led to Fees			
1D.	OFFICERS AND E	DIRECTORS	-				* *
NAME STREET ADDRESS CHY-ST-ZIP	TYLER, TIMOTHY T 17 BELLEVUE DRIVE TREASURE ISLAND, FL 33706		an a secular.		UCCCCC 01/07/05-	173175 80009-001	150.00
TITLE HAME STREET ADDRESS CITY-ST-ZIP	V TYLER, SCOTT J 2856 SABER DR CLEARWATER, FL 33759			6 - 5 ¹ 1 - 88	e legicial te vezeren e		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				·	THIS SE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP							

12. I hereby certify that the information supplied with this filling 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 each; 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.

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE: _