*2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 28, 2005 08:00 AM Secretary of State

| 1. Entity Nan | MENT # P020001164 | 118 | | | | · |
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| 5510 NW 57 | | Mailing Address 5510 NW 57TH WAY | | | | |
| | NGS, FL 33067 | CORAL SPRINGS, FL 33067 | ; | | | CR2E034 (10/03) |
| | OO NOT WRITE | CE | FEI Number 03-049036 Certificate of St | | Applied For Not Applicable \$8.75 Additional Fee Required | |
| | 6. Name and Address of Current Re ANNY 57TH WAY PRINGS, FL 33067 | DO NOT WRITE IN THIS SPACE | | | | |
| 8. The above the obligat | named entity submits this statement for the ions of registered agent. | ne purpose of changing its register | ed office or registere | ed agent, or both, in | the State of Florida | . I am familiar with, and accept |
| 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 Financing \$5.00 May Be Added to Fees | | | | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME | OFFICERS AND DI SCIFO, DANNŸ 5510 NW 57TH WAY CORAL SPRINGS, FL 33067 | RECTORS | _ | | /100000133 /28/05-800 | 7790 J11-009 150.00 |
| STREET ADDRESS CITY-ST-ZIP TITLE | | | | | - | - |
| NAME STREET ADDRESS CITY-ST-ZIP | The second secon | | — | DO N | OT WR | ITE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | IN TH | IIS SPA | CE |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | | | e. | - | : . |
| TITLE NAME STREET AODRESS CITY-ST-ZIP | · · · · · · · · · · · · · · · · · · · | | - | | Edwin Commen | |
| 12. I hereby c indicated of the corp changed. | ertify that the information supplied with thi on this report or supplemental report is tru poration or the receiver or trustee empowe or on an attachment with an address, with | s filing does not qualify for the exert e and accurate and that my signat- red to execute this report as requir- all other like empowered. | nption stated in Secure shall have the sall have the sall have the sall by Chapter 607, | tion 119.07(3)(i), Flor ame legal effect as if Florida Statutes; and | rida Statutes. I furth made under oath; d that my name app | ner certify that the information that I am an officer or director sears in Block 10 or Block 11 if |
| SIGNATURE: DAM HE SIGNATURE AND TYPED OR PRINTED JAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Phone # | | | | | | |