## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: SIGNATURE AND TYPEO OR PRII

## FILED Feb 17, 2005 08:00 AM Secretary of State

DOCUI 1. Entity Nam 3RM, INC		140				Sec	retary (	of State
Principal Place 765 NARCOC ST. CLOUD, F		Mailing Address 765 NARCOOSSEE RD. ST. CLOUD, FL 34771				######################################	11011 111011 1 <b>1</b> 0101 11011 1	14
The state of the s				to the physical state of the second control	01302005 No Chg-P CR2E034 (10/03)			
D	OO NOT WRITE	A STATE OF THE STA		DE MINISTER CONTROL OF THE SECOND OF THE SEC	<ol> <li>FEI Number</li> <li>20-043</li> <li>Certificate</li> </ol>		\$8.75 Fee Re	Applied For Not Applicable Additional
	6. Name and Address of Current R	egistered Agent	, ,,,,,,,	द्राप्तिक प्रदेशक स्थापित है। जार कार्यक प्रदेशक समितिहरू	a sala sala sala sala		Control of the State of the Sta	
			3	De sport et de la constant de la con	DO IN 1	NOT WI	RITE ACE	Marie
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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and tille if applicable. (NOTE, Registered Agent signature required when reinstating)  DATE								
FILE NOWIII FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.				cing \$5.	00 May Be			
TITLE NAME STREET ADDRESS CHY-ST-ZIP	P PATEL, KAUSHIK 765 NARCOOSSEE RD. ST. CLOUD, FL 34771	111101010		The second of th	The supposed	Water San		
NAME STREET ADDRESS CITY-ST-ZIP				A particular of the particular		02/17/05-1	30011-003 33623	150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		- ·				NOT W		
NAME STREET ADDRESS CITY-ST-ZIP				A4		THIS SP	ACE	· · · · · · · · · · · · · · · · · · ·
TITLE NAME STREET ADDRESS CITY-ST-ZIP							*	الله الله الله الله الله الله الله الله
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<del> </del>	<u> </u>		The second secon			Surface Self & A
of the cor	certify that the information supplied with it on this report or supplemental report is reporation or the receiver or trustee empore, or on an attachment with an address, w	vered to execute this repar	t as requir	nption stated in Se ure shall have the s ed by Chapter 607	ction 119,07(3)( same legal effec , Florida Statute	(i), Florida Statutes, I of as if made under or es, and that my name	further certify that ath; that I am an o appears in Block	the information fficer or director 10 or Block 11 if

RINTED NAME OF SIGNING OFFICER OR DIRECTOR