2005 FOR PROFIT CORPORATION ANNUAL REPORT

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Sampard FL Sun and Address of Current Registered Agent 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Survey Address of Current Registered Agent Name Survey Address of New Registered Agent Na	Suite, Apt.		Suite, Apt. #, etc.	W Wage		~CR2E0	34 (10/03)~	.
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NAIK, SATEESH TOS SILVER CLOUD CIRCLE #201 LAKE MARY, FL 32746 3. The above named entity submits this statement for the purpose of changing its registered dispert. Or both, in the State of Rottle. I am familiar with, and accept the obligations of relistened uppert. 3. The above named entity submits this statement for the purpose of changing its registered dispert. Or both, in the State of Rottle. I am familiar with, and accept the obligations of relistened uppert. 5. The above named entity submits this statement for the purpose of changing its registered dispert. Or both, in the State of Rottle. I am familiar with, and accept the obligations of relistened uppert. 5. The Above named entity submits this statement for the purpose of changing its registered dispert. Or both, in the State of Rottle. I am familiar with, and accept the obligations of relistened uppert. 5. The Above named entity submits this statement for the purpose of changing its registered dispert. Or both, in the State of Rottle. I am familiar with, and accept the obligations of relistened uppert. 5. THE ADOVERS. So ON May be added to Rottle the State of Profess AND DIRECTORS IN 11. 10. OFFICERS AND DIRECTORS IN 11. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.	Zip 321	13 U.S. H.	32113				Fee Required	
8. The above named entily submits this statement for the purpose of changing its registered office or registered Agent, or both, in the State of Florids. I am familiar with, and accept the obligations of reliastered agent. SIGNATURE	759 SILVE	R CLOUD CIRCLE #201				il na eptable)		
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After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution		FINUT Signature, types or printed name of registered agent a	SEHAAL and title if applicable. (NOTE: 5	Registered Agent signature	required when reinstating)	2// _{D4/E}	28/L)2,
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