2004 FOR PROFIT CORPORATION

ANNUAL REPORT (AR)						
DOCUMENT # P9300008327  1. Entity Name FLSUB-44, INC.					FILED	
Principal Plac	a of Rusinosa	Mailing Address	COD W	Trub.	04 APR 30 PM 2:01	
Principal Place of Business  5260 PARKWAY PLAZA * SUITE 140 CHARLOTTE NC 28217		5260 PARKWAY PLAZA SUITE 140 CHARLOTTE NC 28217			SECRETARY OF STATE TALLAHASSEE FLORIDA	
2. Principal Place of Business		3. Mailing Address PO Boy 241 448				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			MOORE CR2E034 (11/03)	
City & State		Charlotte NC			4. FEI Number 65-0390310 Applied For Not Applicable	
Zip	Country	8441448	Country		5. Certificate of Status Desired   \$8.75 Additional Fee Required	
	6. Name and Address of Current	Registered Agent	Nia d		7. Name and Address of New Registered Agent	
CORPORATE CREATIONS NETWORK, INC. 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS FL 33410			Street A	Street Address (P.O. Bax Number is Not Acceptable)		
			City	Tallahassee FL 30381.2525		
8. The above named entity submits this statement for the ourpose of changing its registered office or registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent.  Brian Courtney Asst. V. Pres.  Signature typed or project serie of registered agent fille if applicable.  (NOTE: Registered Agent signature required when reinstating)						
Afte Make Check	ILP NOW!!! FEE IS \$150.00 May 1, 2004 Fee will be \$550.00 k Payable to Florida Department of	sammer and addition			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees	
TITLE .	OFFICERS AND		11. TITLE	Orec	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
NAME	BELL, DAVID G P.O. BOX 241448 CHARLOTTE NC 28224-1448	<u>Delete</u>	NAME STREET ADDRESS CITY-ST-ZIP	GIL	E. Aleman Bx 241448 horrotte NC 08884-1448	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WILLSON, MICHAEL P.O. BOX 241448 CHARLOTTE NC 28224-1448	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition 60036058256 05/11/0401052002 **150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FOTSCH, ROBERT M P.O. BOX 241448 CHARLOTTE NC 28224-1448	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	•	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS PATELUNAS, R. J P.O. BOX 241448 CHARLOTTE NC 28224-1448	Delate	TITLE NAME STREET ADDRESS CITY-ST-ZIP		St Sec erd E. Harkness Box 241448 28224-1448	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Selete	THTLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		العَظَيْنَ Change 🗆 Addition	
12. I hereby certify that the information supplied with this filing 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 oath; 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.						

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR