I. Entity Nam	ie	# P93000(EY, INCORPORATE	•	FILED Jan 11, 2001 8:00 an Secretary of State 01-11-2001 90062 029 ***150.00					
Principal Place 129 EDGEWAT JITE D-1 RLANDO FL 3			Mailing Address P.O. BOX-1028 CLARGONA-FL 32710-1028						
2. Principal Place of Business			3. Mailing Address 8427 Pulaski Hwy						
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State	9		City & State Baltimore,	MD	1	4. FEI Number 59-	3200739		pplied For ot Applicable
Zip		Country	^{Zip} 21237	Cou	ntry USA	5. Certificate of Status	Desired	\$8.75 Ad Fee Require	
	6. Name	and Address of Current	Registered Agent		Ni	7. Name and Address	of New Register	red Agent	
BUTTREY, JOHN SR 6239 EDGEWATER DRIVE SUITE D-1 ORLANDO FL 32810					Street Address (P.O. Box Number is Not A		⊏	10
. The above	-(h	submits this statement fo	r the purpose of changing its	res	L	1/02	tate of Florida.	FL Zip Coo	·
Tax filing re	_	ole to satisfy its Intangible and elects to do so.	FILE NOW! After MAY 1, 20 Make Check Payab	01 Fee	will be \$550.00	10. Election Carr Trust Fund C	. •	_ +	00 May Be d to Fees
1.	<u> </u>	OFFICERS AND		12.		ADDITIONS/CHANGE	TO OFFICERS		
TLE AME REET ADDRESS TY-ST-ZIP	6239 EDGE	SR., JOHN W WATER DRIVE., SUITI FL 32810-4747	□ Delete E D-1			•		☐ Change	Addition
TLE AME TREET ADDRESS TY-ST-ZIP	DVS LUNDEEN, 8427 PULA	KENNETH C SKI HIGHWAY E MD 21237-0606	☐ Delete					☐ Change	Addition
TLE AME REET ADORESS TY-ST-ZIP	V HOWSON, 8427 PULA		☐ Delete		1	-		☐ Change	Addition
TLE AME TREET ADDRESS TY-ST-ZIP	T FINK, JOHI 8427 PULA	-	☐ Delete					☐ Change	☐ Addition
TLE AME REET ADDRESS			□ Delete					☐ Change	Addition
TY-ST-ZIP			☐ Delete		1	<u> </u>		☐ Change	Addition
TY-ST-ZIP TLE IME REET ADDRESS TY-ST-ZIP				CIT	ı				
TLE AME REET ADDRESS TY-ST-ZIP 3. I hereby coindicated of the corp	on this report poration or the	or supplemental report is receiver or trustee empo	this filing does not qualify for true and accurate and that m wered to execute this report a with all other like empowered.	the exe	ture shall have the	same legal effect as if mad	e under oath; tha	at I am an officer	or director
TLE AME REET ADDRESS TY-ST-ZIP 3. I hereby coindicated of the corp	on this report poration or the or on an attac	or supplemental report is receiver or trustee empo thment with an address, v	true and accurate and that m wered to execute this report a vith all other like empowered.	the exemple signal as required.	iture shall have the s ired by Chapter 607 Treasurer	same legal effect as if mad	ie under oath; tha I my name appea	at I am an officer	or director