FOR PROFIT CORPORATION JNIFORM BUSINESS REPORT (UBR)

FILED May 05, 2003 8:00 am Secretary of State

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				A PARM			
Principal Place of Business 3. Mailing Address							
4600 SUMMERLIN ROAD SAME Suite, Apt. #, etc. Suite, Apt. #, etc.							
SUITE A-1		Suite, Apr. #, etc.		DO NOT WRITE IN THIS SPACE			
City & State		City & State			4. FEI Number Applied For		
FORT MYERS,	FL	· .	T-2		65 <u>-0919706</u>		Not Applicable
<i>Zip</i> 33919	Country JSA	Zip	Country		5. Certificate of Status Desired	1 1	'5 Additional Required
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				me ======			
					CREIGHTON PO. Box Number is Not Acceptable)		
			46	00 SUN	MERLIN ROAD	·	
			SU	JITE A-	1		
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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 on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-50-05

Daytime Phone #