2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 19, 2005 08:00 AM Secretary of State

	ANNUAL	REPURI		_		, =000	
1. Entity Nar	IMENT # 279947 THE PROPERTY OF THE PROPERTY OF				Se	cretary	of State
, .	ce of Business _ LAS PARKWAY X 75001	Mailing Address 15303 DALLAS PARKWAY SUITE 800 ADDISON, TX 75001	and the sales and the sales are				
С	OO NOT WRITE	IN THIS SPA	CE	01062005 4. FEI Numb 59-103	No Chg-P	CR2E034 (10	Applied For Not Applicable 5 Additional
	6. Name and Address of Current Ro	egistered Agent	1		The state of the s	Fee R	equired
1200 S. P	PORATION SYSTEM INE ISLAND ROAD ION, FL 33324	gistored Agent	DO NOT WRITE IN THIS SPACE				
	e named entity submits this statement for t	ne purpose of changing its register	ed office or register	ed agent, or bo	th, in the State of Flo	rida. I am familia	with, and accept
the obliga	tions of registered agent.						
SIGNATURE.	Signature, typed or printed name of registered agent and	tille if applicable (NOTE Registere	d Agent signature required	(when reinstating)		DATE	
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00			.00 May Be ed to Fees			
10.	OFFICERS AND DI	RECTORS			1 1/2/2010/10		***
NAME STREET ADDRESS CITY-ST-ZIP	POSEY, LEE 17427 CLUB HILL DRIVE DALLAS, TX 75248	·			01/21/05	0185652 -80024-01	9 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO KEENER, LARRY 1804 KINGS ISLE PLANO, TX 75093						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RUSSELL, RALPH 3805 BRAEWOOD CIRCLE PLANO, TX 75093			DO	NOT W	RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SCFO TACKE, KELLY 4943 SANDESTIN DALLAS, TX 75287			IN .	THIS SF	ACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEYER, FREDERICK 2121 SAN JACINTO, STE 895 DALLAS, TX 75201						da a anna e e
TITLE NAME STREET ADDRESS	D THOMAS, WILLIAM R 7418 OVERDALE DRIVE			-			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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.

1/13/05

Date

(972) 764-9319

Daytime Phone #

G OFFICER OR DIRECTOR

Kelly Tacke

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

SIGNATURE: _