


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2005 08:00 AM
Secretary of State

DOCUMENT # 420654	
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Principal Place of Business 201-3 BROADWAY KISSIMMEE, FL 32741	Mailing Address 201-3 BROADWAY KISSIMMEE, FL 32741
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DO NOT WRITE IN THIS SPACE



03032005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1440201	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SHORE, HELEN W. 201-3 BROADWAY KISSIMMEE, FL 32741	DO NOT WRITE IN THIS SPACE
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS CROSS, HELEN S. 502 MABBETTE ST. KISSIMMEE FL.,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SHORE, HELEN W. 720 CANTERBURY LANE KISSIMMEE FL.,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS BOWMAN, ELIZABETH 2610 CIMARRON JOHNSON CITY, TN
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T FARMER, PAULA J 1009 NINTH COURT PLEASANT GROVE, AL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AVP CROSS, GEORGE A 502 MABBETTE ST. KISSIMMEE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

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03/08/05-80027-006 150.00

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.

SIGNATURE: Suzan Cross Helen Suzan Cross 3-3-05 407-846-6922
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #