2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 22, 2005 08:00 AM Secretary of State

DOCUI 1. Entity Nam A. C. & R				Secretary of State
Principal Plac 2535 SUCCES ODESSA, FL		Mailing Address 2535 SUCCESS DR ODESSA, FL 33556	 υs	
2. Principal P	Place of Business	3. Mailing Address		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		03222005 Chg-P CR2E034 (10/03)
City & Stat	e	City & State		4. FEI Number Applied For 59-1566844 Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
	6. Name and Address of Current I	Registered Agent	Name	7. Name and Address of New Registered Agent
BAKER,RICHARD W. 2535 SUCESS DR ODESSA, FL 33556			Street Address	s (P.O. Box Number is Not Acceptable)
OBEOOK,	12 33335	Ξ. Ξ	City	FL Zip Code
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 fille 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 \$5.00 May Be Added to Fees				
10.	OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME STREET ADDRESS CITY-ST-ZIP	PSTD BAKER, RICHARD W 2535 SUCCESS DR ODESSA, FL 33556	Delete	NAME STREET ADDRESS CITY-ST-ZIP	U00000324555 04/22/05-80098-012 150.00
TITLE NAME STREET AODRESS CITY-ST-ZIP	00000	☐ Delate	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY+ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	. ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Oelste	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addiilon
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP	☐ 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)(1). 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 of 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: SIGNATURE AND TYPED ON TRINTED NAME OF SIGNING OFFICER OR DIRECTOR				

R.W. Baker