2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

1. Entity Nam ISSA RE, Principal Place 950 CELEBR	ALTY, INC	Mailing Address 950 CELEBRATION BLVD, STE CELEBRATION, FL 34747	F	Secretary of State	
DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent				04082005 4. FEI Numbe 59-1646	
ISSA, FRA 950 CELE CELEBRA					NOT WRITE HIS SPACE
8. The above named entity submits this statement for the purpose of changing its registered office of 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 reinstaking) DATE					
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	cing _ \$5. i	00 May Be ed to Fees	
10.	OFFICERS AND DIRE	CTORS		·—	
TITLE NAME STREET ADDRESS GHY-ST-ZIP	PSD ISSA, FRANCIS J 950 CELEBRATION BLVD, STE F CELEBRATION, FL 34747				
TITLE NAME STREET ADDRESS CITY - ST - ZIP			-		000000315412 04/19/05-80034-007 158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
NAME STREET ADDRESS CITY-ST-ZIP				IN T	HIS SPACE
TITLE NAME STREET ADDRESS CITY+ST-ZIP					
TITLE NAME STREET ADDRESS CITY - ST - ZIP					
12. Thereby certify that the information supplied with this filling 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 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.					