Subscription Secretary of State		ANNUAL I	FILED Jan 20, 2006 08:00 AM				
Principal Prace of Businese Mailing Address 243 MISCANCY PLACE ORLANDO FL 22005 2. Principal Packer of Businese 3. Mailing Address 4. FEL Number 3. Detribuse of Busines 3. Mailing Address 4. FEL Number 3. Detribuse of Busines 3. Mailing Address 4. FEL Number 3. Detribuse of Busines 3. Mailing Address 4. FEL Number 3. Detribuse of Busines 3. Mailing Address 4. FEL Number 3. Detribuse of Busines 3. Detribuse of Bu		NT # 576696					
2913 MSCNDY FLACE ORLANDOFLISSEE 2813 MICROPY FLACE 2. Proopel Place of Business 3. Mailing Address 1st MOORE ORDEROS Suite, Aut. /, etc. Suite, Apr. /, etc. 1st MOORE ORDEROS City & State City & State City & State 1st MOORE ORDEROS Zip Country Zip Country 2St ZS Address 1st MOORE ORDEROS 4. FEI Number State of Business St ZS Address State of Business St ZS Address 4. More and Address of Current Replaced Agent 7. Name and Address of New Replaced Agent Rest Replaced HICKLIN, GARRY Country Zip Country St ZS Address St ZS Address SIGNATURE State St	G.L.H., INC.						
ORLANDO FL 32806 ORLANDO FL 32806 2. Trinopart Pace of Bulances S. Malling Address Sufia, Apt. #, etc. Sufia, Apt. #, etc. 1st. MOORE CR2E004 (10065) City & State City & State 2. Trinopart Pace of Bulances Sufia, Apt. #, etc. 2. Country Zp 2. Country Zp 2. Country State 2. Country State 2. Country State 3. Matting Address State 2. Country State 2. Country State 3. Matting Address Country 2. Country State 4. File Number Pace of Number Pace State Address (P.O. Box Number in Not Acceptable) City File Number in Not Acceptable State Address (P.O. Box Number in Not Acceptable) SIGMATURE State Address (P.O. Box Number in Not Acceptable) State Address (P.O. Box Number in Not Acceptable) SigMATURE State Address (P.O. Box Number in Not Acceptable) State Address (P.O. Box Number in Not Acceptable) SigMATURE State Address (P.O. Box Number in Not Acceptable) State Address (P.O. Box Number in Not Acceptable) SigMATURE	•						
2. Phropel Pack of Busines Suffa, Apt, 4, etc. Suffa, Apt, 4, etc				<i>2</i> =			
City & State City & State City & State 4. PEI Number Sp-1826468 [] Apriles Zip Country Zip Country 5. Cartificate of Status Desired [] State Applied 4. PEI Number State and Address of Current Registered Agent 7. Name and Address of New Registered Agent Nime HICKLIN, GARRY Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address of registered agent. FLE NOW/11 PEE IS \$150,00 Street Address (P.O. Box Number is Not Acceptable) Number Corect Paysable Forder Magen actic / stockable (POT Increation Campaign Financhog \$5.00 rest address (P.O. Box Number is Not Acceptable) Number Corect Paysable Forder Magen actic / stockable (POT Increating Address is Not Acceptable) Ont	2. Principal Place of	f Business	3. Mailing Address				
Zip Country Zip Country S. Certificate of Status Desired S. S. Zif Auditor Fee Registered S. Certificate of Status Desired S. S. Zif Auditor Fee Registered Agent HICKLIN, GARRY 2513 MISCINDY PLACE ORLANDO FL 32806 Name and Address of New Registered Agent Name and Address of New Registered Agent HICKLIN, GARRY 2513 Miscinder y PLACE Street Address (P.O. Box NewTeber is Not Acceptibility or V FL Zip Code Street Address of New Registered agent. FL Street Address (P.O. Box NewTeber is Not Acceptibility or V FL Zip Code Street Address of New Registered agent. NOTE Negative Agent agent, or both, in the State of Finds. Tam familiar with, and the obligations of registered agent. NOTE Negative Agent agent, or both, in the State of Finds. Tam familiar with, and the obligations of registered agent. NOTE Negative Agent agent, or both, in the State of Finds. Tam familiar with, and the obligations of registered agent. NOTE Negative Agent agent, or both, in the State of Finds. Tam familiar with, and the obligations of registered agent. NOTE Negative Agent agent, or both, in the State of Finds. Tam familiar with, and the obligations of registered agent. NOTE Negative Agent agent, or both, in the State of Dinds. Tam familiar with, and the obligations of registered agent. NOTE Negative Agent agent, or both, in the State of Dinds. Tam familiar with, and the obligations of registered Agent agent, or both, in the State of Dinds. Tam familitar with, and the obligation agent.	Sulte, Apt. #, etc.		Suite, Apt. #, etc.	·	1st MOORE CR2E034 (10/05))	
Zip Country Zip Country S. Certificate of Status Desired S8, 25 Addition 6. Name and Address of Current Registered Agent Name 7. Name and Address of New Registered Agent Name HICKLIN, GARRY 2513 MISCINDY PLACE ORLANDO FL 32806 Name Name Name Name B. The above named entry submits this statement for the purpose of changing its registered office or registered agent. or both, in the State of Alorda. I am familiar with, end The Above named entry submits agent. Chir FL Zip Code SIGMATURE Street Address (PO. Box Number is Not Acceptable) Ontr FL The Above named entry submits agent and the purpose of changing its registered office or registered agent. or both, in the State of Alorda. I am familiar with, end SIGMATURE Street Address (PO. Box Number is Not Acceptable) Ontr PL The Above named entry submits agent and the purpose of changing its registered Agent agent. or both, in the State of Alorda. I am familiar with, end SIGMATURE Street Address (PO. Box Number is Not Acceptable) Ontr PL The Above named entry submits agent and the purpose of changing its registered Agent agent. or both, in the State of Florida Disection of State. PL The Above name adent agent. PL SIGMATURE State Address aded to or registered Agent. </td <td colspan="2">City & State</td> <td>Cily & State</td> <td></td> <td></td> <td>Applied Fo</td>	City & State		Cily & State			Applied Fo	
	Zip	Country	Ζίρ	Country	5. Certilicate of Status Desired D \$8.75	Additional	
HICKLIN, GARRY Street Address (P.O. Box Number is Not Acceptionic) City FL Zip Code City FL Zip Code Street Address (P.O. Box Number is Not Acceptionic) FL Zip Code City FL Zip Code Street Address (P.O. Box Number is Not Acceptionic) City FL Street Address (P.O. Box Number is Not Acceptionic) City FL Street Address (P.O. Box Number is Not Acceptionic) City FL Street Address (P.O. Box Number is Not Acceptionic) City FL Street Address (P.O. Box Number is Not Acceptionic) City City Atter May 1, 2006 Fee Will Bs 550,00 Not Acception (P.O. Contribution) Address Nake Creack Paywalls to Florida Abborthing of Bab, 11 ADDITIONS/CHANGES to OFFICERS AND DRECTORS IN More Contribution Address (P.O. BOX Number is Not Acceptionic) NML VTO OFFICERS AND DRECTORS IN More Contribution 11. ADDITIONS/CHANGES to OFFICERS AND DRECTORS IN More Contribution NML VTO ORLANDO FL OTH CERS AND DRECTORS IN More Contribution 11. ADDITIONS/CHANGES to OFFICERS AND DRECTORS IN More Contribution Intel More Contribution Intel More Contribution Contribution Intel More C	6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
City FL Zip Code City FL Zip Code G. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I and familiar with, and the obligations of registered agent, or both, in the State of Florida. I and familiar with, and the obligations of registered agent. SIGNATURE Spectrue Typel or prediction served when diageaund agent and the registered. IAOTE Represed Agent seguete registered agent, or both, in the State of Florida. State, in the formation of the state of Florida. State, in the formation of the state of Florida. Iaota familiar domatical agent, or both, in the State of Florida. State, in the formation of Florida. State, in the formation of Florida. State of Florida. Iaota familiar domatical agent, or both, in the State of Florida. State, in the formation of Florida. State of Florida. <td colspan="3">2513 MISCINDY PLACE</td> <td>}</td> <td colspan="3"></td>	2513 MISCINDY PLACE			}			
the obligations of registered agent. SIGNATURE Sequence visual reported wave agents and the applicable (NOTE Registered Agent spatial reported wave remained in a spatial reported agent spatial remained in a spatial r				City	FL Zip C	Code	
Segreater spreade famer degreated agest and the applicate/ (MOTE: Regressed Agent signature induced where remained) CATE FILE NOW/III: FEE IS \$150,00 If the SSED of the SSE			t for the purpose of changing its	registered office or register	red agent, or both, in the State of Florida. I am familiar w	ith, and acc	
FILE NOW!!!! FEE IS \$150,00 S5.00 / After May 1, 2006 Fee Will Be \$550,00 9. Election Campaign Financing Trust Fund Contribution. \$5.00 / Make Check Payable to Florida Department of State. 11. ADDITIONIS/CHANGES TO OFFICERS AND DIRECTORS IN Trust Fund Contribution. Change I Int.E VTD Int.E Int.E Int.E Int.E Int.E MAKE VTD Int.E Int.E Int.E Int.E Int.E MAKE VTD Int.E Int.E<	SIGNATURE		····				
After May 1, 2006 Fee Will Be \$560.00 Make Check Payable to Floride Department of Strite. Make Check Payable to Floride Department of Strite. CFFICERS AND DIRECTORS Trust Fund Contribution. Trust Fund Contribution. Control Co			ent and title if applicable (NOT	E Registered Agent signature required		=	
ITTLE VTD □ Delete ITTLE ITTLE <t< th=""><th>After May Make Check Pays</th><th>1, 2006 Fee Will Be \$550. able to Florida Department</th><th>of State</th><th><u></u></th><th>Trust Fund Contribution.</th><th>5.00 May</th></t<>	After May Make Check Pays	1, 2006 Fee Will Be \$550. able to Florida Department	of State	<u></u>	Trust Fund Contribution.	5.00 May	
STREET ADDRESS CIT # RELIGICISAL ST (ORLANDO FL Change ORLANDO FL Delete ITTLE PSD INVEST STEP ORLANDO FL ORLANDO FL Change ITTLE ITTLE ITTLE				·····			
ITTLE PSD ITTLE ITTLE ITTLE INAME HICKLIN, SHARON C. STREET ADDRESS STREET ADDRESS CDIY-ST-2P ORLANDO FL ITTLE ITTLE ITTLE VD IDelete ITTLE ITTLE IDelete ITTLE IDelete ITTLE IDelete ITTLE IDelete ITTLE IDelete ITTLE IDelete ITTLE ITTLE IDelete ITTLE IDelete ITTLE ITTLE IDelete ITTLE IDelete ITTLE ITTLE IDelete ITTLE IDelete ITTLE IDelete <t< td=""><td>STREET ADDRESS 2513</td><td>MISCINDY PLACE</td><td></td><td>STREET ADDRESS</td><td></td><td>.00</td></t<>	STREET ADDRESS 2513	MISCINDY PLACE		STREET ADDRESS		.00	
STREET ADDRESS 2513 MISCINDY PLACE STREET ADDRESS CDY-ST-2P ORLANDO FL Change TITLE VD DowLing, LORI JAN NAME STREET ADDRESS 2525 MISCINDY PLACE STREET ADDRESS CRLANDO FL Change Intre DOWLING, LORI JAN NAME STREET ADDRESS 2525 MISCINDY PLACE ORLANDO FL 32806 CITY-ST-2P TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-2P TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-2P TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-2P TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-2P TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-2P CITY-ST-2P CITY-ST-2P TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-2P CITY-ST-2P CITY-ST-2P CITY-ST-2P CITY-ST-2P CITY-ST-2P CITY-ST-2P CITY-ST-2P CITY-ST-2P CITY	TITLE PSD	······································	Delele			ge 📋 And	
INLE VD Intel Intel Change Intel WAME DOWLING, LORI JAN NAME STREET ADDRESS STREET ADDRESS 2525 MISCINDY PLACE STREET ADDRESS STREET ADDRESS Intel Intel INTLE Intel Intel Intel Intel Intel Intel WAME Intel Intel Intel Intel Intel Intel Intel WAME Intel	STREET ADDRESS 2513	MISCINDY PLACE		STREET ADDRESS			
STREET ADDRESS 2525 MISC(ND) PLACE STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32806 CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP 12. 1 hereby certify that the information supplied with this ININg does not qualify for the exemptions contained in Section 119, Flonda Statutes, 1 (urther certify that the information supplied with this ININg does not qualify tor the exemptions contained in Section 119, Flonda			Delete		Chan	ge 🔲 Add	
TITLE Delete TITLE Change NAME STREET ADDRESS CITY-ST-ZIP Change Change TITLE Delete TITLE Change Change Change TITLE Delete TITLE Change Change Change TITLE Delete TITLE Change	001	MISCINDY PLACE		STREET ADORESS			
STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Change TITLE Delete NAME STREET ADDRESS CITY-ST-ZIP Change TITLE Delete NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE CITY-ST-ZIP TITLE Delete TITLE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP T12. I hereby certify that the information supplied with this liking does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information supplied with this liking does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information supplied with this liking does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information supplied with this report as require that report is true and accurate and that my sign			🗋 Delete	TITLE		ge 🔲 Add	
NAME NAME STREET ADDRESS STREET ADDRESS STRY-ST-ZIP Citry -ST-ZIP ITTL £ Delete NAME NAME STREET ADDRESS Citry -ST-ZIP ITTL £ Delete NAME NAME STREET ADDRESS STREET ADDRESS Citry -ST-ZIP Citry -ST-ZIP 12. I hereby certify that the information supplied with this liking does not qualify for the exemptions contained in Section 119, Flonda Statutes. I further certify that the information or the receiver or trustee amproversite to execute this report as required by Chapter 607. Forida Statutes, and that my an officer or do of the corporation or the receiver or trustee amproversite to execute this report as required by Chapter 607. Forida Statutes, and that my an officer or do of the corporation or the receiver or trustee amproversite to execute this report as required by Chapter 607. Forida Statutes, and that my an officer or do of the corporation or the receiver or trustee amproversite to execute this report as required by Chapter 607. Forida Statutes, and that my and advected or do or Block 10 or Block	CITY-ST-ZIP ORL			a sugar			
CITY-ST-ZP CITY-ST-ZP TITL C CITY-ST-ZP	CITY-ST-ZIP ORL/ NAME STREET ADDRESS			STREET ADDRESS		•	
NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this liling does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the inform 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 d of the expropriation or the receiver or trustee emowered to execute this report as required by Chapter 607. Florida Statutes, and that my any advects in Block 10 or B	CITY-ST-ZIP ORL/ WITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		Delete	STREET ADDRESS CITY - ST - ZIP TITLE	Chan	ge 🚺 A.4.1	
12. I hereby certify that the information supplied with this liling does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the inform 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 d of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes, and that my appears in Block 10 or Blip.	CITY - ST-ZIP ORL/ NTLE VAME STREET ADDRESS CITY - ST-ZIP ITTLE VAME STREET ADORESS	,, <u></u>	🖾 Defete	STREET ADDRESS C)TY-ST-ZIP TITLE NAME STREET ADDRESS	Chan	ge ∑ A	
workergee, of on all dedentione wat an address, wat as basis rate emponeted.	CITY-ST-ZIP ORL/ TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP DITLE NAME STREET ADDRESS			