Entry Note:     INC:	2005 FOR PROFIT ANNUAL	CORPORATION REPORT	FILED
4033 T2H1ST. N. M.       SM07 PETERSBURG, FL 33703       4033 12H1ST. N. M.         AD3 T2H1ST. N. M.       SM07 PETERSBURG, FL 33703       101282005       No Chip-P       CR26234 (10103)         DO NOT WRITE IN THIS SPACE       101282005       No Chip-P       CR26234 (10103)         Image: Status and Address of Correct Registered Agest       101282005       No Chip-P       CR26234 (10103)         Image: Status and Address of Correct Registered Agest       DO NOT WRITE IN THIS SPACE       DO NOT WRITE IN THIS SPACE         MAGUIRE, JOHN       Status and Address of Correct Registered Agest       DO NOT WRITE IN THIS SPACE       DO NOT WRITE IN THIS SPACE         MAGUIRE, JOHN       Status and Address of Correct Registered Agest       DO NOT WRITE IN THIS SPACE       DO NOT WRITE IN THIS SPACE         MAGUIRE, JOHN       Status and Address of Correct Registered Office or registered agent, of Lock, the Status of Florida. I an familiar with, and accept the detagent of correct Registered Office or registered agent, of Lock, the Status of Florida. I an familiar with, and accept the detagent of Lock, the Status of Florida. The Status of Florida. I an familiar with, and accept the detagent of Correct Registered Office or registered agent, of Lock, the Status of Florida. I an familiar with, and Address Mag. 1, 2005 Flore will be \$550.00       DOC         REGMATURE       P       ModuIRE, JOHN P.       ModuIRE, JOHN P.       Status and P         Mater Mag. 1, 2005 Flore will be \$550.00       P       ModuIRE, JOHN	1. Entity Name		Feb 24, 2005 08:00 A Secretary of State
DO NOT WRITE IN THIS SPACE      1     1     22005     10 Chy     CR2E334 (1003)     1	4033 12TH ST. NE	4033 12TH ST. NE	
	DO NOT WRITE IN THIS SPACE		01282005         No Chg-P         CR2E034 (10/03)           4. FEI Number         Applied For           59-1944687         Not Applicable           5         Certificate of Status Desired
4033 12TH ST NE       S3703       DO INOT WRITE IN THIS SPACE         4. The above named entity submits this aliabinent for the purpose of changing its registered office or registered agent, or both, is the State of Flortda. Len lamiliar with, and accept the obligations of registered agent.       Image: State of Flortda. Len lamiliar with, and accept         SIGNATURE       The above named entity submits this aliabinent for the purpose of changing its registered office or registered agent, or both, is the State of Flortda. Len lamiliar with, and accept the obligations of registered agent.       OUTE         SIGNATURE       Percent of the state of Flortda. Len lamiliar with, and accept the obligation of registered agent.       OUTE         SIGNATURE       Percent of the state of Flortda. Len lamiliar with, and accept Trust Fund Contribution.       Image: State of Flortda. Len lamiliar with, and accept the state of Flortda. Len lamiliar with, and accept Trust Fund Contribution.       Image: State of Flortda. Len lamiliar with, and accept Trust Fund Contribution.         MAGUIRE, JOHN P.       Image: State of Flortda. Len lamiliar with and accept Trust Fund Contribution.       Image: State of Flortda. Len lamiliar with a state of Flortda. Len lamiliar with an affect of the state of Flortda. Len lamiliar with a state of Flortda. Len lamiliar with an affect of the state of Flortda. Len lamiliar with an affect of the state of Flortda. Len lamiliar with an affect of the state of Flortda. Len lamiliar with an affect of the state of Flortda. Len lamiliar with an affect of the state of Flortda. Len lamiliar with an affect of the state of Flortda	5. Name and Address of Current R	egistered Agent	Fee Required
the collipations of registered agent.  SIGNATURE SUBATURE	4033 12TH ST NE		
After Hay 1, 2005 Fee will be \$550.00     Trust Fund Contribution.     L     Added to Fees       10.     OFFICERS AND DIRECTORS     Image: Contribution of the contrely of the contrely of the contribution of the contrely of	the obligations of registered agent. SIGNATURE Sometime, typed or primed name of registered agent ar	d tille if applicable. (NOTE: Regestered Agent signat	sure required when relastating) DATE
Imile     P       MAGUIRE, JOHN P.       SIRET ADDRS       STRET ADDRS       ST. PETERSBURG, FL       U000001242383       ST. PETERSBURG, FL       U000001242383       STRET ADDRSS       GTV-S1-2P       TITLE       WARE       STRET ADDRSS       GTV-S1-2P       TITLE       TITLE       STRET ADDRSS       GTV-S1-2P       TITLE       TITLE       STRET ADDRSS       GTV-S1-2P <tr< th=""><th>After May 1, 2005 Fee will be \$550.0</th><th></th><th>Added to Fees</th></tr<>	After May 1, 2005 Fee will be \$550.0		Added to Fees
ITTLE       INTLE         INTLE       INTLE         INTLE       INTLE         INTLE       INTLE         INVEX       INVEX         INVEX       INVEX         INVEX       INVEX         INVEX       INVEX         INVEX       INVEX         IN	TTLE P MAGUIRE, JOHN P. STRETADORESS 4033-12TH STREET, NE CITY-ST-ZP ST. PETERSBURG, FL TTLE NAME		
The strate 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 cath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 807, 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.	ITTLE KAME STREET ADDRESS		DO NOT WRITE
ITTLE WANE STREET ADDRESS CITY-ST-ZP ITTLE WANE STREET ADDRESS CITY-ST-ZP ITTLE WANE STREET ADDRESS CITY-ST-ZP ITZ. I hereby certify that the information supplied with this filling 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.	HALME STREET ADORESS		
III. III.E III.E III.E III.E III.E III.E III.E III.E III.E III.E III.E III.E III.E III.E III.E I hereby certily that the information supplied with this filling 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.	AMAE THEEET ADDRESS		
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SIGNATURE: AND pripo OR PRINTED NAME OF SIGNENG OFFICER OF DIRECTOR Date Device Plane Plan	SIGNATURE: John Course	NTED NAME OF MONTHS OFFICER ON DIRECTOR	2-21-2005 727-2354930 Date Daytime Prone #

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