2005 FOR PROFIT CORPÖRATION ANNUAL REPORT

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

		Secretary of Sta
		· -
NITE IN THIS SF	ACE -	01112005 No Chg-P CR2E034 (10/03) 4. FEI Number Applied For
		59-2016254 Not Applicable
		5. Certificate of Status Desired Fee Required
Current Registered Agent		
	}	DO NOT WRITE
82		IN THIS SPACE
	}	
dement for the purpose of changing its req	gistered office or registered	d agent, or both, in the State of Florida. I am familiar with, and accept
stered agent and title if applicable. (NOTE: Re	egistered Agent signature required wi	then reinstating) DATE
J.UU		May Be d to Fees
ERS AND DIRECTORS		
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	a de la companya de	THE RESIDENCE SAME SAME STATE OF THE SAME SAME
		STA STREET WAS AND STREET
	3121 S. PONTE VEDRA BEACH, FL PONTE VEDRA BEACH, FL ITE IN THIS S Current Registered Agant 82 Sterment for the purpose of changing its resistenced agent and title if applicable. POOTE R	Mailing Address 3121 S. PONTE VEDRA BLVD. PONTE VEDRA BEACH, FL 32082 US Current Registered Agant Current Registered Agant Registered Agant POTE Registered Agant signature required with applicable. POTE Registered Agant signature required with a population and the interest against a function and the interest aga

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f), 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:

CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

Wallen & Anderson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARY 7, 2005 9048247732