2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 25, 2005 8:00 am Secretary of State

DOCUI 1. Entity Nam THREE S		-25-2005 9	90039 048 ****61	.25				
Principal Place of Business 1432 MEDITERRANEAN DR., #2A PUNTA GORDA, FL 33950 Mailing Address 1432 MEDITERRANEAN DR., # PUNTA GORDA, FL 33950 PUNTA GORDA, FL 33950								
Principal Place of Business 3. Mailing Address								
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Suite, Apt. #, etc.				03082005 Ch	ng-NP 	CR2E037 (10/03)		
City & State		City & State		4. FEI Number 50-000758	5		pplied For ot Applicable	
Zip	Country	Zip	Country	5. Certificate of Sta	atus Desired	□ \$8.75 Ad Fee Require		
	6. Name and Address of Curren	t Registered Agent		7. Name and Addr	ress of New F			
IPEKCI, CIVAN			Name	ne				
1432 MEDITERRANEAN DR., #2A PUNTA GORDA, FL 33950			Street Addres	Street Address (P.O. Box Number is Not Acceptable)				
			City			FL Zip Coo	de	
The above named entity submits this statement for the purpose of changing its registered								
	tions of registered agent.						, ,	
SIGNATURE								
SIGNATURE .		nt and title if applicable. (NOTE	: Registered Agent signature req	uired when reinstating)		DATE		
SIGNATURE .			npaign Financing	\$5.00 May Be Added to Fees		DATE Make check payable rida Department of S		
SIGNATURE	Signature, typed or printed name of registered ager Filling Fee is \$61.25	9. Election Can Trust Fund C	npaign Financing	\$5.00 May Be Added to Fees	Flo	lake check payable	State	
10.	Filling Fee is \$61.25 Due by May 1, 2005 OFFICERS AND D	9. Election Can Trust Fund C	npaign Financing contribution.	\$5.00 May Be Added to Fees	Flo	fake check payable rida Department of S	State	
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12. I hereby certify that 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 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with a other like empowered.

SIGNATURE:

SIGNATURE

SIGNATURE

Date

Date

Daytime Phone #

941-575 8821