DOCU 1. Entity Nam	MENT # 825829	EPORT (AR)		FILED Feb 17, 2005 08:00 AN Secretary of State
Principal Place of Business 5728 E. FALL CREEK PKWY, N. INDIANAPOLIS IN 46226 US		Mailing Address 5728 E. FALL CREEK PI INDIANAPOLIS IN 4622 US	KWY, N. 6	
2. Principal Place of Business		3. Mailing Address		
Suite, Apt #, etc.		Sulte. Apt. #, etc.		1st MOORE CR2E034 (10/04)
City & State		City & State		4. FEI Number 35-1187576 Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired Fee Required
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent
			Name	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324			Street Address	(P.O. Box Number is Not Acceptable)
			<u></u>	
8. The above named entity submits this statement i			City	FL
After Make Check 10.	ILE NOW!!! FEE IS \$150.00 May 1, 2005 Fee Will Be \$550.00 k Payable to Florida Department o OFFICERS AND	f State	11. TITLE	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME STREFT ADDRESS CITY - ST - ZIP	PONADER, MARTHA D. 5728 E. FALL CREEK PKWY, N. E INDIANAPOLIS IN	RIVE	NAME STREET ADDRESS CITY-ST-ZIP	1/00000233007 02/17/05-80020-008 150.00
TITLE NAME STREFT ADDRESS CITY - ST - ZIP	PD PONADER, WAYNE C. 5728 E. FALL CREEK PKWY, N. D INDIANAPOLIS IN	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change 🗋 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change 🗍 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS UTY-ST-ZIP	Change [] Addilion
TITLE NAME STREET ADDRESS CITY+ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change 🗔 Addition
TITLE NAME STREET ADDRESS CITY+ST-ZIP	-	Delete	THLF NAME STREET ADDRESS CITY-ST-ZIP	🗌 Change 🗌 Addition
of the co changed	rporation or the receiver or trustee omp , or on an attachment with an address	owered to execute this report a	as required by Chapter 6	Section 119.07(3)(i), Florida Statutes. I further certify that the information e same legal effect as if made under oath, that I am an officer or director 07, Florida Statutes, and that my name appears in Block 10 or Block 11 if 239-395-1140
SIGNA		PRINTED NAME OF SIGNING OFFICER C	PROIRECTOR	2/14/05 Davie Davieno Phone A