* \$\frac{1}{2}005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 13, 2005 8:00 am Secretary of State 04-19-2005 90378 001 ****61.25

DOCUMENT # C10281 1. Entity Name

Second Process Seco		OF FLORIDA	AND ACCEL TED)				
Suits, Apt F, etc. Suits, Apt F, etc. Suits, Apt F, etc. O3232005 Chg.NP CR2607 (10/05) City & State City & Cit	ROY CONNOR SHEPPARD 220 OCEAN ST.		ROY CONNAR SHEPPARD 220 OCEAN ST.						
Cry & State City & County City	2. Principal Place of Business		3. Mailing Address						
Signature Sign	Suite, Apt. #, etc.		Suite, Apt. #, etc.		03232005 Cr	ng-NP CR2E037 (10/03))		
S. Name and Address of Current Registered Agent Name Roy Connor Separate Streek Address (Flo. Box Number is Not Acceptable)	City & State		City & State						
Name Roy Conner Skepard Street Address (FO. Box Number is Not Acceptable) To Box Street Address (FO. Box Number is Not Acceptable) To Box Street Address (FO. Box Number is Not Acceptable) To Box To	Zip	Country	Zip	Country	5. Certificate of St.	atus Desired	Additional ired		
STEEL ADDRESS 3046 BESSENT RD UNDER STEEL ADDRESS 3046 BESSENT RD		6. Name and Address of Current F	legistered Agent		7. Name and Add	ress of New Registered Agent			
8. Trid above named entity submits this statement for the purpose of changing its registered office or registered agent. SIGNATURE Signature, however freeze disease agent and large and large and large agent agent and large agent a	P.O. BOXSORA			ROY CONNOY Sheppard					
8. This above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Cannot State of Rorida. Am familiar with, and accept the obligations of registered agent. or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent.	JACKSUN	VILLET - 92208-0094	-	27	10	C+ W			
8. This above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE SIGNATURE Printing Fee Is \$61.25 Due by May 1, 2005 Intermed form speaked required department of state Due by May 1, 2005 Intermed form speaked required when revealed of the revealed of the provided to Florida Department of State Due by May 1, 2005 Intermed form speaked revealed when revealed of the revealed of the provided to Florida Department of State Due by May 1, 2005 Intermed form speaked revealed when revealed of the revealed of the provided to Florida Department of State Due by May 1, 2005 Intermed form speaked revealed when revealed of the revealed of the provided the revealed of the provided to Florida Department of State Due by May 1, 2005 Intermed form speaked revealed when revealed of the revealed of the provided to Florida Department of State Intermed for the provided speaked revealed when revealed when revealed the revealed of the provided speaked revealed when revealed when revealed when revealed when revealed the revealed of the provided speaked revealed to the revealed of the provided speaked revealed to the revealed of the provided speaked revealed to the revealed of the provided speaked revealed of the provided revealed to the revealed of the provided speaked revealed of the provided r		- N		City Jac	1	EI Zip C			
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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 all other like empowered.