2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)					Apr 24, 2005 6.00 am		
DOCU 1. Entity Nan INNER HA			Secretary of State 04-24-2003 90168 021 ***150.00				
Principal Place of Business 2700 DONALD ROSS ROAD 2700 DONALD ROSS ROAD PALM BEACH GARDENS FL 33410 Mailing Address 2700 DONALD ROSS ROAD PALM BEACH GARDENS FL 33410			33410				
2. Principal Place of Business 4300 So. U.S. Highway Suite, Apt. #, etc. 3. Mailing Address 4300 So. U.S. Suite, Apt. #, etc.			S. Highwi	ry /	<u>.</u>		
Svite 203 Svite 203			<u>B</u>	`.	CHECK HERE IF MAK		
City & Stat	. \ \ \ \ \ /	City & State Juditor	F/A.		4. FEI Number 52-1954841	Applied For Not Applicable	
33477	- 1198 U.S.A.	Zip 33477-1198	Country U.S. A.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Current Re	egistered Agent	Name		7. Name and Address of New Register	ed Agent	
MOYLAN, LAWRENCE JR 2700 DONALD ROSS ROAD PALM BEACH GARDENS FL 33410			Street Address (P.O. Box Number is Not Acceptable)				
			501 SEAFARER CIRCLE				
		4	City	UPil	'T'	Zip Code 33477	
	tions of registored/agent					am familiar with, and accept	
		1 title it applicable. (NOTE: Ri	egistered Agent signatu	re required	when reinstating) 5 DA		
Afte	ILE MOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of \$	State			 Election Campaign Financing Trust Fund Contribution. 	\$5.00 May Be Added to Fees	
10.	OFFICERS AND D	RECTORS	11.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS. CITY-ST-ZIP	DP COUSINS, WILLIAM 400 KEY HIGHWAY BALTIMORE MD 21230	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MOYLAN, LAWRENCE JR. 2700 DONALD ROSS ROAD PALM BEACH GARDENS FL 33410	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Noy 430	In, LAWRENCE JR. 50 So. U.S. Highway! 1 piter FL. 33477	Change □ Addition Suite 203 -1198	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST MILLER, SUSAN M 2700 DONALD ROSS ROAD PALM BEACH GARDENS FL 33410	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST'	er Susaw M., 0 50. U.S. Highway 1 0 itop FL. 32477	Suite 203	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		F1100, 1. 2. 3.57 1. 1.	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change Addition	
TITLE NAME		☐ Delete	TITLE NAME			☐ Change ☐ Addition	

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 of the receive 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP