2005 FOR PROFIT CORPORATION

2005 08:00 AM

ANNUAL REPORT				Mar 21, 2005 08:00			
1. Entity Nam	MENT # F000000039	919			Se	cretary (of State
Principal Place P.O BOX 11' NAPLES, FL		Mailing Address P.O BOX 111419 NAPLES, FL 34108 US			: 11 [4 14 17 64	11 11 11 11 11 1 1111 1111 1111	
С	OO NOT WRITE	CE	02112005 No Chg-P CR2E034 (10/03) 4. FEI Number			Applied For Not Applicable Additional	
6. Name and Address of Current Registered Agent LAMBERSON, JANE E 8955 FONTANA DEL SOL WAY NAPLES, FL 34109			DO NOT WRITE IN THIS SPACE				
8. The above the obligat	e named entity submits this statement for tillons of registered agent. Signature, lyped or printed name of registered agent and		ed office of register		th, în the State of Flo	orida. I am familiar w	ith, and accept
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.				.00 May Be ed to Fees			
10.	ÓFFICERS AND D	RECTORS			16003	Marie But State Comment of the	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVPS HEITLAND, STEFFEN PORTENLANGERSTRASSE 4 GRUNWALD, GERMANY D-82031					0271878 -80063-024	150 na
TITLE NAME STREET ADDRESS CITY - ST-ZIP	T HEITLAND, STEFFEN PORTENLANGERSTRASSE 4 GRUNWALD,GERMANY D-82031,		comments Add a 4		And the second s	. See Out	100*30
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAMBERSON, JANE E 8955 FONTANA DEL SOL WAY NAPLES, FL 34109	-		DO	NOT W	RITE	. 5
TITLE NAME STREET ADDRESS CITY-ST-ZIP		,		IN T	THIS SP	ACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>-</u>		**************************************			==	-
TITLE NAME	· · -	. , , , , , , , , , , , , , , , , , , ,				'#' ##	

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 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: _

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HARCH 17,05

Daytime Phone #