2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 25, 2005 08:00 AM Secretary of State

DOCU 1. Entity Nan OUT TEC		9					
•	MONT AVE., STE 502	ailing Address 3607 ROSEMONT AVE., STE 50 AMP HILL, PA 17011	02		·		
C	OO NOT WRITE II	N THIS SPA	CE	01192005 4. FEI Number 23-28923 5. Certificate of 5	No Chg-P	CR2E034	(10/03) Applied For Not Applicabl 75 Additional Required
······································	6. Name and Address of Current Regis	stered Agent	<u></u>				
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			DO NOT WRITE IN THIS SPACE				
the obligated signature.	e named entity submits this statement for the titions of registered agent. Signature, typed or printed name of registered agent and little E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	· · · · · · · · · · · · · · · · · · ·	d Agent signature required		n the State of Flo	rida. I am fami	illar with, and accept
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CDP KUNKEL, STEPHEN 3607 ROSEMONT AVE., STE 502 CAMP HILL, PA 17011	CTORS			_U000001	OC100	: "
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST MARINO, BARTH A 3607 ROSEMONT AVE., STE 502 CAMP HILL, PA 17011		**************************************	0.	1/26/05-8	ÖÖ5 8 −oæ	5 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO N	OT W	RITE	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				tomano andre	and the same of the same of		
TITLE NAME							

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119 07(3)(1), 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 OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

UNK E 1/20/05 (717)214 · 300