2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 21, 2005 08:00 AM Secretary of State

| 1. Entity Nan | MENT # F01000002 | 157 | | | Secretary of State |
|---|--|--|-------------------------------|------------------------------------|--|
| 1403 SW 45 | ce of Business STH WAY BEACH, FL 33442 | Mailing Address 1403 SW 45TH WAY DEERFIELD BEACH, FL 33442 | ! | 1 1887/188 11// | . danar 1981) sepir bahir seni perin asrip mad) reda kirih kasikan il Jusi |
| DO NOT WRITE IN THIS SPACE | | | | 04112005 4. FEI Numbe 25-144 | |
| | | egistered Agent | DO NOT WRITE IN THIS SPACE | | |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed of printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees | | | | | |
| 10. TITLE NAME STREET ADDRESS GITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP | OFFICERS AND D PT ALEXY, REBECCA 1403 SW 45TH WAY DEERFIELD BEACH, FL 33442 VS ALEXY, CHARLES 1403 SW 45TH WAY DEERFIELD BEACH, FL 33442 | RECTORS | | | U00000321056 04/21/05-80063-019 158.75 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | DO | NOT WRITE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | <u> </u> | IN 7 | THIS SPACE |
| TITLE NAME STREET AODRESS CITY-ST-ZIP | | <u> </u> | : | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <u> </u> | | | |
| 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: | | | | | |