2005 FOR PROFIT CORPORATION

FILED Apr 12, 2005 8:00 am Secretary of State

ANNUAL REPORT							Secretary of State				
DOCUMENT # F01000006519 1. Entity Name							04-12-2005 90158 008 ***150.00				
		SERVICES, INC.									
Principal Place of Business Mailing Address							20030243				
10012 N. DALE-MABRY, STE 215 TAMPA, FL 33610			-10012 N. DALE-MABRY, STE 215- -TAMPA, FL 33618-								
2. Principal P	Place of Busin	NESS AL GROVE BLUD.	3. Mailing Address 244 CRYSTAL GROVE BLVD.			<u></u>					
Suite, Apt. #, etc.			Suite, Apt. #, etc.			.	02182005	Chg-P	CR2E	034 (10/03)	
City & State	z = FL		City & State LUTZ, FL				4. FEI Numbe 23-303			-	pplied For lot Applicable
335	48	Country	33548	Coun	try			of Status Desired		\$8.75 Ad Fee Require	
•	b. Name	and Address of Current F	registered Agent		Name		7. Name and	Address of New R	egistered	Agent	
WICKNER, TODD -10012 N. DALE MABRY, STE 215 -TAMPA, FL 33618					Street Add	dress (f	P.O. Box Numbe RYSTAL	er is Not Acceptable) DULEL	ARD	
					City 1.1	LTZ			FI	Zip Coo	<u>548</u>
	named entity		the purpose of changing its	registere	•			h, in the State of Flo	orida. I an	familiar with	, and accept
SIGNATURE	Supposture, hyperd	or printed name of registered agent a	nd tille if applicable (NOT	E Registera	d Acent signature	refundar é	when reinstating)		DATE		
	Ognatora, typeu	or printed that to or registered again a	in the Happicadia. (NOT)	L, Angleton	o Agent signative	a ragonou	witer romstating;		(2711)		
		FEE IS \$150.00 5 Fee will be \$550.0	9. Election Campa Trust Fund Cont		ncing	\$5. Adde	00 May Be ad to Fees				
After Ma	ay 1, 200		Trust Fund Cont	ribution.		\$5. Adde	ed to Fees	CHANGES TO OFF	ICERS AN		
After Ma	ay 1, 200 9	5 Fee will be \$550.0	Trust Fund Cont	ribution.	.	\$5. Adde	ed to Fees	CHANGES TO OFF	ICERS AN	ID DIRECTOR	RS IT4 11
After Ma	PD LUUKKO, 3601 SOU	5 Fee will be \$550.0 OFFICERS AND I	Trust Fund Cont	11. TITLE NAM STRE	.	\$5. Adde	ed to Fees	CHANGES TO OFF	ICERS AN		
After Ma	PD LUUKKO, 3601 SOL PHILADE	OFFICERS AND I PETER A JTH BROAD STREET LPHIA, PA 19148	Trust Fund Cont	TITLE	E E E ET ADDRESSST-ZIP	\$5. Adde	ed to Fees	CHANGES TO OFF	ICERS AN		
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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: _

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/05 215-

215-389-9480

Daytime Phone 4