2005 FOR PROFIT CORPORATION

FILED Mar 17. 2005 08:00 AM

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17 NE SYCINE DRIVE LEE'S SUMMIT, MO 64086 DO NOT WRITE IN THIS SPACE 03132005 No Chg-P CR26034 (10/03) 4. FEI Number 43-1775199 Applied For Regulated Agent C. T. CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 DO NOT WRITE IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing he registered office or registered agent, or both, in the State of Fiorida. I am familiar with, and according to explain the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and according to the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and according to the obligations of registered agent. Or both, in the State of Fiorida. I am familiar with, and according to the obligations of registered agent. Or both, in the State of Fiorida. I am familiar with, and according to the obligations of registered agent. Or both, in the State of Fiorida. I am familiar with, and according to the obligations of registered agent. Or both, in the State of Fiorida. I am familiar with, and according to the obligations of registered agent. Or both, in the State of Fiorida. I am familiar with, and according to the obligations of registered agent. Or both, in the State of Fiorida. I am familiar with, and according to the obligations of registered agent. Or both, in the State of Fiorida. I am familiar with, and according to the obligations of registered agent. Or both, in the State of Fiorida. I am familiar with, and according to the obligations of registered agent. Or both, in the State of Fiorida. FILE NOWITH FEE IS \$150.00 9. Election Campaign Financing Trust Trust Contribution. 10. OFFICEIS NOT DIFFERENCE OFFICEIS TRUST Tru	1. Entity Nam	ne -	23			Se	cretary	of State	
DO NOT WRITE IN THIS SPACE 1. FEI Number Applied Fo Not Applied	17 NE SKYLI	INE DRIVE	17 NE SKYLINE DRIVE) 		II 19 10 1914 1 100 1100		
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 a. 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 accidente obligations of registered agent. SIGNATURE Symptom, upsed or privide name of registered spent and the if applicable. MOTE Registered Agent stortum resplicts are resplicated on refeature of registered agent. SIGNATURE	DO NOT WRITE IN THIS SPA			CE	03132005 No Chg-P CR2E034 (10/03) 4. FE! Number Applied Fig. 10 Not Applied Fig. 10 Not Applied Fig. 10 Status Desired Appl			Applied For Not Applicable 5 Additional	
THE HODISations of registered agent. SIGNATURE Signature, types or prises name of registered sperm and tifle if applicable. (NOTE Registered Agent Signature required when relinatively) DATE PILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. OFFICERS XND DIRECTORS TRUST Fund Contribution. TRUE MAKE STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-2P TITLE TITLE TITLE NAME STREET ADDRESS CITY-ST-2P TITLE TITLE	1200 SOU	PORATION SYSTEM ITH PINE ISLAND ROAD					.		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PSTV GRAHAM, WILLIAM JOSEPH 17 NE SKYLINE DRIVE				H00001 13/17/05-	0266181 -80020-010	158.75	
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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)(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.

CITY-ST-ZIP

SIGNATURE: William The SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-05

86-524-3339