FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 12, 2003 8:00 am Secretary of State

	DOCUMENT # F0660/		4830	05-12-2003 90211 010 ***150.00	
	EXPRESS INSTANT PRESS,ING.		5.		
	DO NOT WRIT	E IN THIS SPA	ACE		
	2. Principal Place of Business 3. Mailing Address 3208 2nd We. No. 3208 2nd O		ve No.	e No.	
UTTE	Suite, Apt. #, etc. Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	
	LAKE WORTH, FI	24 WOR		1. FEI Number 59-2039507	Applied For Not Applicable
	33461 Country USA	3344el	Country S A	5. Certificate of Status Desired Fe	3.75 Additional e Required
			Name 70 A	7. Name and Address of Current Registered Agent Name DAN (J. CA / 1 / 1 / 1 / P /	
	DO NOT WRITE		Street Address	Street Address (P.O. Box Number is Not Acceptable) 3208 — AD AVE	
	IN THIS SPACE		Sun	Suit€#1	
	9. The above present online submits this statement for the surrous of objection its region		City_AK	WORTH FL	334/01
,	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 or printed name of registered agent and life if applicable. (NOTE: Registered Agent signature required when reinstating). DATE				
	January 1 - May 1 Fee is \$150.00 After May 1 Fee is \$650.00 Amended UBR is \$61.25 Make Check Psyable to Forling Department of State			9. Election Campaign Financing Trust Fund Contribution. U	\$5.00 May Be Added to Fees
		ID DIRECTORS	1114		
	NAME 32082nd AVE. 1	Vo, Suite#1	NAME STREET ADDRESS		0.000
	CITY-ST-ZIP LAKE WORTH, 12 33461		GIY-SI-ZIP		
	HILE LEE A. CALIGINA, SECY/TREAS. HAME 3208 2ND AVE. NO., SUITE # 1		DALE NAME		200
	CITY-ST-ZIP LAICE WORTH, +		STREET ADDRESS City+51-2ip		
	TITLE NAME		TITLE MARKE		
	STREET ADDRESS CITY-ST-ZIP		STREET ADOBESS CITY-SI-ZIP	DO NOT WRIT	E
	TITLE NAME		TITEE NAME	IN THIS SPAC	E
	STREEY ADDRESS City-St-zip		SIBRET AUDIESE CITY-51-78		
***************************************	TIFLE NAME	***************************************	TIRE NAME		
	STREET ADDRESS CITY-ST-21P		SIBET ADDRESS DIV-ST-DP		
	TITLE		TILE		
	NAME STREET ADDRESS CITY-SI-ZIP		RAME STREET ADORESS CRY-ST-AP		
***************************************	49 Thoraby positive that the information available	with this filling does not qualify for the		ection 119.07(3)(i), Florida Statutes. I further certify same legal effect as if made under path: that I am	that the information an officer or director
***************************************	12. Thereby certify that the intornation supplies with his raining does not qualify for the exemption saded or section 19.07 (s)r), Horida Statutes. That is certify that the intornation 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 oalh; that I am an officer or direction 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 on an attachment with an address, with all other like empowered.				
	SIGNATURE:	R PRINTER NAME OF SHANING OFFICER OF	Presidut		ne Phone #