2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F96000000778

FILED Apr 26, 2005 08:00 AM Secretary of State

RENZETT					
Principal Place	e of Business	failing Address			
8800 GRISSO	OM PARKWAY	8800 GRISSOM PARKWAY			
TITUSVILLE, I		TITUSVILLE, FL 32780			
DO NOT WRITE IN THIS SPACE			~=	02242005 No Chg-P CR2E034 (10/03)	
			CE	4. FEI Number Applied For 23-2545873 Not Applicable	
				5. Certificate of Status Desired Section 5. Status Desired Fee Required	
	6. Name and Address of Current Regi	stered Agent			
RENZETTI, ANDREW 2931 S WASHINGTON AVE TITUSVILLE, FL 32780			DO NOT WRITE IN THIS SPACE		
	ions of registered agent.	purpose of changing its registe	red office or registe	ered agent, or both, in the State of Florida. I am familiar with, and accept	
O:GIVATOTIC=	Signature, typed or printed name of registered agent and titl	e if applicable (NOTE, Register	red Agent signature require	ed when reinstaling) DATE	
FILE NOWIII FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.				5.00 May Be Ided to Fees	
10.	OFFICERS AND DIRE	CTORS			
TITLE	P	与整 心		<u> </u>	
NAME STREET ADDRESS	RENZETTI, ANDREW 2931 S WASHINGTON AVE	•	1	04/25/05-80075-011 150.00	

After M	ay 1, 2005 Fee will be \$550.00	Trust Fulla Contribution.		
10.	OFFICERS AND DIREC	TORS	100000000000000000000000000000000000000	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RENZETTI, ANDREW 2931 S WASHINGTON AVE TITUSVILLE, FL	AND TO SERVICE AND THE SERVICE		U00000332881 U4/28/U5-80075-011 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2	. 	———IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				, in the state of the state of
TITLE NAME STREET ADDRESS CITY-ST-ZIP				

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.

Androw Renzett: It is identified 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 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.

Androw Renzetti

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF USANING OFFICER OR DIRECTOR

3-30-05

Daytime Phone #