2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED DAME OF SIGNING OFFICER OR DIRECTOR

Zip Country Zip Country 5. Certificate of Status Desired	Applied For Not Applicable
PO BOX 19077 SARASOTA FL 34276-2077 US  2. Principal Place of Business  Suite, Apt #, etc.  Suite, Apt #, etc.  City & State  City & State  City & State  Country  Country  S. Certificate of Status Desired Fee Requirements  Fee Requirements  7. Name and Address of New Registered Agent	lot Applicable
SARASOTA FL 34276-2077 US  2. Principal Place of Business  Suite, Apt #, etc.  Suite, Apt #, etc.  Suite, Apt #, etc.  1st MOORE  CR2E034 (10/04)  City & State  City & State  City & State  Zip  Country  Country  Country  S. Certificate of Status Desired  Fee Requirement  7. Name and Address of New Registered Agent	lot Applicable
Suite, Apt #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04)  City & State City & State 22-2959278  Zip Country Zip Country 5, Certificate of Status Desired \$8.75 A Fee Requirement 6, Name and Address of Current Registered Agent 7, Name and Address of New Registered Agent	lot Applicable
City & State  City & State  City & State  City & State  4. FEI Number 22-2959278  Zip  Country  Country  5. Certificate of Status Desired  Fee Requ  6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent	lot Applicable
Zip Country Zip Country 5. Certificate of Status Desired 5. Status Desired 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent	lot Applicable
5. Certificate of Status Desired Fee Requ 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent	
CONCELLO DANIDALLO	
CONCELLO, RANDALL C 2051 MAIN STREET, SUITE 115 SARASOTA FL 34230 Street Address (P.O. Box Number is Not Acceptable)	
City FL Zip Co	de
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	n, and accept
SIGNATURE  Sometime, typed or printed name of registered agent and file if applicable (NOTE Agent signature required when reinstating)  DATE  FILE NOW!!! FEE IS \$150,00	
After May 1, 2005 Fee Will Re \$550.00	.00 May Be ded to Fees
10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	RS IN 11
IIILE PSTD Delete WILL Change	_
NAME BERGER, FRED  STRECT ADDRESS CITY ST-ZIP  SARASOTA FL  NAME  U00000204668  01/31/05-80014-007 150.0	O
	Addition
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NAME   STREET ADDRESS   STREET ADDRESS   CITY ST-ZIP	☐ Addition
NAME   STREET ADDRESS   STREET ADDRESS   CITY ST-ZIP     ITILE	☐ Addition
NAME   STREET ADDRESS   STREET ADDRESS	☐ Addition