2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2004 8:00 am
Secretary of State

Zip Country Zip Country 5. Certificate of Status Desired Status Desired Not April 5. Certificate of Status Desi	CR2E034 (10/03) Applied For Not Applicable sired S8.75 Additional Fee Required New Registered Agent		
PO BOX 58095 ST. PETERSBURG, FL 33715 US 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Country Zip Country Zip Country S. Certificate of Status Desired Fee Required Fee Required WILLIAMS, SHERRI 411 8TH AVE. N. PO BOX 58095 ST. PETERSBURG, FL 33715 US 1. Mailing Address Suite, Apt. #, etc. 01102004 Chg-P CR2E034 (10/03) Chg-P CR2E034 (10/03) Applie Not Ap Street Address of New Registered Agent Name Name Street Address (P.O. Box Number is Not Acceptable)	CR2E034 (10/03) Applied For Not Applicable sired		
Suite, Apt. #, etc. Suite, Apt. #, etc. O1102004 Chg-P CR2E034 (10/03) City & State City & State City & State 4. FEI Number 63-1148234 Not Ap Zip Country Zip Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent Name Name WILLIAMS, SHERRI 411 8TH AVE. N. Street Address (P.O. Box Number is Not Acceptable)	CR2E034 (10/03) Applied For Not Applicable sired \$8.75 Additional Fee Required New Registered Agent		
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TIERRA VERDE, FL 33715	; (P.O. Box Number is Not Acceptable)		
City FL Zip Code	FL Zip Code		
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 the obligations of registered agent.			
SIGNATURE			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
FILE NOWILL FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution.	DATE		
	DATE		
10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	DATE		
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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.

CITY-ST-ZIP

SIGNATURE	:
OLOHAL OLI	

CITY-ST-ZIP .

SIGNATURE AND DEPENDED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/04 Date