## FOR PROFIT CORPORATION

## FILED 1 2002 8.00 ar

DOCUMENT #F91000002177			Secretary of State 05-01-2002 91512 011 ***150.00	
DO NOT WRITI	E IN THIS S			
2. Principal Place of Business 5462 Hoffner Ave. St 5462 Hoffner		er Ave.		
Suite, Apt. #, etc. Suite, Apt. #, etc. 5£. 503			DO NOT WRITE IN THIS SPACE	
Orlando, Fl Orlando,		4. FEI Number Applied For 58-2060218 Not Applicable		
32812 USA	33812	Country	5. Certificate of Status Desired	Fee Required
		Name /	7. Name and Address of Current Regis	tered Agent
DO NOT WRITE  Street Address.				
	Street Address	Street Address (P.O. Box Number is Not Acceptable)		
IN THIS SPACE				
• • • • • • • • • • • • • • • • • • •		City	Circle FL 32223	
8. The above named entity submits this statement	or the purpose of changing it		O/CIT ME	30223
SIGNATURE Signature, typed or printed name of registered ager	nes Kenne t and title if applicable. (NO	The Holmes TE: Registered Agent signature require		1058-8003 ATE
Tax filling requirement and elects to do so. (See criteria on back)  After May 1  Amended  Make Check Payable		May 1 Fee is \$150.00 / 1, Fee is \$550.00 ed UBR is \$61.25 ble to Department of St	10. Election Campaign Financing Trust Fund Contribution.	S \$5.00 May Be
11. OFFICERS AND	DIRECTORS	- Inc		
WE Name DUA Holmes		TITLE NAME		
STREET ADDRESS /1247 San Sose 200 # 2008		STREET ADDRESS		
CITY-ST-ZIP JOCKSONVILLE X	2322	CITY-ST-ZIP		
NAME De hove b. Wolmes		TITLE NAME		
STREET ADDRESS 11247 Saw Some Alno # 2008		STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·	
NAME  STREET ADDRESS  CITY-ST-ZIP  LECKSON ILLE IN 32210		CITY-ST-ZIP		:
TITLE		TITLE		
NAME STREET ADDRESS :		NAME Street Address	DO NOT W	- 1-p-
CITY-ST-ZIP		CITY-ST-ZIP	DO NOT WI	KIIE
TITLE		TITLE	IN THIS SPA	ACF
NAME STREET ADDRESS (		NAME STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
TITLE		TITLE	*	
NAME STREET ADDRESS		NAME STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		,
TITLE		TITLE		
NAME STREET ADDRESS		NAME STREET ADDRESS		
CITY-ST-ZIP		CITY+ST-ZIP		
13. I hereby certify that the information supplied with indicated on this report or supplemental report.	h this filing does not qualify fo	r the exemption stated in Se	ection 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Xexactle House Kenneth Holmes 4-15-02 404-65-8003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #