## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 28, 2005 08:00 AM Secretary of State

DOCUMENT # F97000002608	
1. Entity Name	

Principal Place of Business

3242 E COAST HWY CORONA DEL MAR, CA 92625 Mailing Address

3242 E COAST HWY CORONA DEL MAR, CA 92625



## DO NOT WRITE IN THIS SPACE

03172005 No Chg-P CR2E034 (10/03)

4. FEI Number		Applied For
33-0593586	 [	Not Applicable
5. Certificate of Status Desired	\$8.75	Additional

6. Name and Address of Current Registered Agent

PARACORP INCORPORATED 236 EAST 6TH AVE. TALLAHASSEE, FL 32303

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

3-24-05

949-721-0905

Daytime Phone #

		_							
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									
FIL After M	FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00  9. Election Campaign Financing  \$5.00 May Be Trust Fund Contribution.								
10.	OFFICERS AND DIREC	TORS							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP HOBSON, CHRISTOPHER E 510 BOLSA NEWPORT BEACH, CA 92663	,			<b>ധ</b> ിവാന്നു??9464				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOBSON, CHRISTOPHER E 510 BOLSA NEWPORT BEACH, CA 92663		-		08/28/05-80027-022 150.00				
TITLE NAME STREET ADDRESS CITY-ST-71P	S MEDINA, DIANE 233 E 16TH PLACE F COSTA MESA, CA 92627	-		DO	NOT WRITE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN 1	THIS SPACE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP									
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)(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 empowerectic 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 all other like empowered.									

ED NAME OF SIGNING OFFICER OR DIRECTOR