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2004 FOR PROFIT CORPORATION ANNUAL REPORT

THE NOW!!! FEE IS \$150.00 Due by September 8, 2004 SElection Campaign Financing Trust Fund Contribution. THE CEOD NAME CUMAN, BARRY SITEST ADDRESS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 THE CEOD NAME CUMAN, BARRY STRET ADDRESS 14100 PARK MEADOW DR. CITY-ST-2P CHANTILLY, VA 20151 THE DEBT ADDRESS SIREST ADDRESS SIRE	ANNUAL REPORT											
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Principal Place of Business 14100 PARK MEADOW DR. 15100 PARK MEADO	EYT EAST, INC.						101, 111, 19 PHIZ. 44					
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Space Country Zip Country Space Country Space Country Space	Suite, Apt. #, etc. Suite, Apt. # etc. Suite 250						07142004	Chg-P	CR2E	:034 (10/03)		
S. Certification of Status Desired We Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 8. The above named entry submits illus statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiords. 1. and remisir with, and accept the object of the obje	City & State Chanti	ny & State City & State antilly, VA 20151 Seattle, WA 981								<u> </u>	· · · · · · · · · · · · · · · · · · ·	
Street Address (P.O. Box Number is Not Acceptable)	Zip	Country Zip Cour		ntry								
Street Address (P O. Box Number is Not Acceptable) City FL Zip Code		6. Name and Address of Current F			7. Name and	Address of Nev	v Registered	I Agent				
Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code												
City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florids. I am familiar with, and accept the colligations of registered agent. SIGNATURE City FL Zip Code	1200 SOUTH PINE ISLAND ROAD					Street Address (P.O. Box Number is Not Acceptable)						
8. The above named entity submits this statement for the purpose of changing its registered defice or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature Signatu	PLANTATION, FL :33324										·-	
the obligations of registered agent. Signature Si					City				F	Zip Coo	de	
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FILE NOWIII FEE IS \$150.00 Due by September 8, 2004 Trust Fund Contribution.	SIGNATURE											
Due by September 8, 2004 Trust Fund Contribution. Added to Fees Corporation did not receive the prior notice.	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
Due by September 8, 2004 Trust Fund Contribution. Added to Fees Corporation did not receive the prior notice.	FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be to consider so with a 607.402/01/5 5.0 the											
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12. Thereby 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 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. SIGNATURE: Craig Sherman, Secretary 7/15/04 (206) 883-2500	i											
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SIGNATURE/AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Phone #	3-2500											