2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jul 11, 2005 8:00 am Secretary of State

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Zip	Country	Zip	Country		5. Certificate of	of Status Desired		Additional	
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	6. Name and Address of Current	Registered Agent			7. Name and	Address of New	Registered Agent		
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	TH PINE ISLAND ROAD		Street A	Street Address (P.O. Box Number is Not Acceptable)					
PLANTAT	ON, FL 33324		<u> </u>			·			
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			City				FL Zip	Code	
	named entity submits this statement for	r the purpose of changing its re	egistered office or	register	ed agent, or both	n, in the State of F	Florida. I am familiar	with, and accept	
the obligati	ions of registered agent.								
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SIGNATURE.	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signate	re required	when reinstating)		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.

SIGNATURE: K. SCOTT PASQUETH

07/06/05 (614) 836-4800