	2005 FOR PRO ANNU	N	FILED Feb 10, 2005 08:00 AM				
I. Entity Nam	MENT # F98000 Ding, inc.		Secretary of State				
10010 SAN	e of Business PEDRO, STE. 650 0, TX 78216	Mailing Address 10010 SAN PEDRO, STE. 650 SAN ANTONIO, TX 78216	. .			a mailer mangant tim ket ta	112 0(9 k) 17(198) 32 1801
E	O NOT WRI	CE	02042005 No Chg P			CR2E034 (10/03) CR2E034 (10/03) Applied For Not Applicable \$8.75 Additional	
<u> </u>	6. Name and Address of C	urrent Registered Agent				E Fee	Required
201 HAY	ATION SERVICE COMPA S STREET SSEE, FL 32301-2525	NY			NOT W THIS SP		
. The above the obligat	named entity submits this stater ions of registered agent.	nent for the purpose of changing its registere	ed office or register	ed agent, or bol	th, in the State of Flo	rida, I am famíl	iar with, and accept
IGNATURE.	Signature, typed or printed name of register	ed agent and title if applicable (NOTE Registered	d Agent signature required	when reinstating)		DATE	".
After M:	E NOW!!! FEE IS \$150.(ay 1, 2005 Fee will be \$	550.00 Trust Fund Contribution.		00 May Be ed to Fees			
D. TILE AME REET ADDRESS TY - ST - ZIP TILE REET ADDRESS TY - ST - ZIP	CPT WALLACE, PEGGY S 1110 COUNTRY CT. SAN ANTONIO, TX 78216 CS WALLACE, THOMAS W 1110 COUNTRY CT. SAN ANTONIO, TX 78216	S AND DIRECTORS			U000002 02/10/05-8	224017 30067-01;	2 150.00
'LE Ime Reet address IY - ST - ZIP				DO	NOT W	RITE	
ILE IME REET ADDRESS IY - ST - ZIP				IN T	THIS SP	ACE	
ile Me Reet adoress IY-st-zip							
tle Me Reet address Ty - St - Zip		a de la constante de					
2. Thereby c indicated of the corr changed,		ed with this filling does not qualify for the exer eport is true and accurate and that my signate e empowered to execute this religion of the tress, with all other like empowered CORPO W & GEN	nption stated in Sec ure shall have the s SW. WALLEA RATE SECR VERAL COU	ction 119.07(3)(ame legal effec CEda SEL NSEL	1), Florida Statutes, I t as if made under or s, and that my name 3 FER	further certify th ath, that I am an appears in Blo	nat the information officer or director ck 10 or Block 11 if 212) 341-2855
AMINAI	SIGNATURE AND TYP	ED OR PRINTED NAME OF SIGNING OFFICER OR			Date	Daytime	