FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 06, 2002 8:00 am Secretary of State

DOCUMENT # F 99 00 000 4589 1. Entity Name				Secretary of State 05-06-2002 90062 019 ***150.00			
							GRA
DO NOT WRITE IN THIS SPACE							
2. Principal Place of Business		3. Mailing Address			:		
Suite, Apt. #, etc.		Suite, Apt. #, etc. 16-B JOURNEY		DO NOT WRITE IN THIS SPACE			
City & State ALISO VIEJO, C.A.		City & State ALISO VIETO, CA.		4. FEI Number 33 - 0 0 6 3 2 9 8 Applied For Not Applicable			
Zip 92656	- 3317 Country U.S.A.	Zip 92656-3317	Country U.S.A.	5. Certificate of Status Desi		.75 Additional Required	
				7. Name and Address of Cu	rrent Registered Ag	ent	
والمستهيئة والمرابط والمستهيئة والمستهيئة والمرابط والمستهيئة والمرابط والمستهيئة والمرابط والمرابط والمستهيئة والمرابط والمرابط والمستهيئة والمرابط والم			Name C	Name CT CORPORATION SYSTEM			
DO NOT WRITE			Street Addres	Street Address (P.O. Box Number is Not Acceptable)			
	IN THIS SP	ACE	1200	SOUTH PINE 15	LAND ROA		
			City PLAT	NTATION	FL	Zip Code 33324	
Tax filing r	Signature, typed or printed name of registered agent a pration is eligible to satisfy its Intangible equirement and elects to do so. The same of the s	January 1 - May After May 1, F Amended UI Make Check Payable t DIRECTORS DIRECTOR 9 2 6 5 6 - 3 3 1 7	ee is \$550.00 BR is \$61.25	10. Election Campaig	·	\$5.00 May Be Added to Fees	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	ALLSO VIETO, CA 92656-3317 CFO, SECRETARY AND DIRECTOR JOHN E. DRAFE 16-B JOURNEY		TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NO	T WRITI		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	DIRECTOR CHRISTOPHER J. DONNELLY		TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	IN THIS SPACE			
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	SANDER B. DONNELL 16-B JOURNEY ALISO VIEJO, CA 9 DIRECTOR NESTOR OLIVIER 16-B JOURNEY ALISO VIEJO, CA	12656-3317	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP				

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/02 949 215-9300 Date Dayline Phone #