## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# G14019

FILED Mar 29, 2004 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
493 ALICI MELBOU	E DR RNE, FL 3293:	5 US		
Current Mailing Address:		New Mailing Address:		
493 ALICI MELBOU	E DRIVE RNE, FL 3293	56801 US		
FEI Numbe	r: 59 <b>-2288</b> 949	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name an	d Address of (	Current Registered Agent:	Name and Address o	f New Registered Agent:
493 ALICI	I, ROBERT K E DR RNE, FL 3293:	5 US		
The above		submits this statement for the	ourpose of changing its registered	d office or registered agent, or both
	te oi Fiorida.	·		d office of registered agent, or both,
				a office of registered agent, or both,
	JRE:	nic Signature of Registered Ag	ent	Date
SIGNATL	JRE:	nic Signature of Registered Ag g Trust Fund Contribution().	ent	
SIGNATU	JRE:	g Trust Fund Contribution().		Date
SIGNATU  Election Ca  OFFICER  Title:  Name:  Address:	Electrol ampaign Financin RS AND DIREC CPS ( MILLIKEN, RO 493 ALICE DR	g Trust Fund Contribution ( ). CTORS: ) Delete BERT K		Date
SIGNATU	Electron  Electr	g Trust Fund Contribution ( ).  CTORS:  ) Delete BERT K  FL  ) Delete BERT K	ADDITIONS/CHANGE Title: Name: Address:	Date ES TO OFFICERS AND DIRECTORS

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT K. MILLIKEN **CPS** 03/29/2004