2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 27, 2005 08:00 AM Secretary of State Apr 27, 2005 08:00 AM Apr 28, 2005 08:00 AM Apr 28, 2005 08:00 AM App 28, 2005 08:		ANNUAL R	EPORT (AI	R)	- FILI	ED
Principal Place of Business Mailing Address 3840 NORTH-LAKE BLVD PALM BEACH GARDENS FL 33410 2 Principal Place of Business Salto, April 4, etc. Suite, April 4, etc. Suite					Apr 27, 2005 08:00 AM	
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PALM BEACH GARDENS FL 33410 2. Principal Place of Business Suite, April 9, etc. Suite	Principal Plac	e of Business	Mailing Address		1	
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Zip Country Zip Country 8. Country 8. Country 8. Country 8. Conflictate of Status Desired 9. \$2.75 Anotheronal Fee Regulated Fee Regulated 7. Name and Address of New Registered Agent 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. The purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. 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 Florida. I am familiar with, and accept the this purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the state in the state of Florida State. 9. Election Campaign Financing 9. Election Campaign Financing 9. Election Campaign Financing 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. 10. OFFICERS AND DIRECTORS IN 11. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO	Suite, Apt #, etc.		Suite, Apt. #, etc.		1st MOORE CI	R2E034 (10/04)
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Name and Address of New Registered Agent Name	Zip	Country	Zip	Country	5. Certificate of Status Desired	S8.75 Additional
Silvent Address (P.O. Box Number is Not Acceptable) City		6. Name and Address of Curren	t Registered Agent	Namo	7. Name and Address of New Reg	<u> </u>
City FL Zip Code	253	5 N. CANTERBURY DR			(P.O. Box Number is Not Acceptable)	
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature File NOW!!! FEE IS \$150.00 File Signature, typed or printed name of registered agent and file of epiticable. (NOTE Registered Agent agenture required when retrosting) PATE	VV. 1	PALM BEACH FL 33407		City		Zip Code
SIGNATURE Surprison, hybrid some of singulated appert and 15th displaceble 15th 15th 15th 15th 15th 15th 15th 15th	8. The above	named entity submits this statement f	or the purpose of changing	1	ered agent, or both, in the State of Floric	
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After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State Committee Committee	SIGNATURE	Signature, typed or printed name of registered agen	it and ritle it applicable (N	OTE Registered Agent signature require	d when reinstaling)	DATE
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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.	indicated of the cor	on this report or supplemental report report report for the receiver or trustee emp	is true and accurate and that cowered to execute this repo	at my signature shall have the ort as required by Chapter 60	same legal effect as if made under oat	h; that I am an officer or director

4/35-05
Date Daytro Phone #

SIGNATURE AND PEPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR