2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J31911

FILED Mar 09, 2004 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	/ HWY 19 ND, FL 32626	US			
Current N	/lailing Addres	s:	New Mailing Address	s:	
P.O. BOX CHIEFLAI	537 ND, FL 32644	US			
FEI Numbei	r: 59-2714827	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of C	urrent Registered Agent:	Name and Address o	f New Registered Agent:	
BULLARE 631 SE 40 OCALA, F					
	e named entity s e of Florida.	submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
in the Stat	e of Florida.	submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
in the Stat	e of Florida. RE:	submits this statement for the particles in the particles in Signature of Registered Agr		d office or registered agent, or both, Date	
in the Stat SIGNATU	e of Florida. RE: Electron	·			
in the Stat SIGNATU Election Ca	e of Florida. RE: Electron	ic Signature of Registered Ago Trust Fund Contribution().	ent		
in the Stat SIGNATU Election Ca OFFICER Title: Name: Address:	e of Florida. RE: Electron mpaign Financing S AND DIREC	ic Signature of Registered Ago 3 Trust Fund Contribution (). TORS: Delete OYD, AVE.	ent	Date	
in the Stat SIGNATU Election Ca	e of Florida. RE: Electron mpaign Financing S AND DIREC PDT () DYALS, BEN LL 6330 NE 55TH BELL, FL 3261	ic Signature of Registered Agr g Trust Fund Contribution (). TORS: Delete .OYD, AVE. 9 Delete M AVE.	ent 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: ELENA HARVEY 03/09/2004 ٧