2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 14, 2005 08:00 AM Secretary of State

1. Entity Nar	MENT # J32634 CTRIC, INC.			56	Cretary of State
1990 60TH	WAY N	Mailing Address 1990 60TH WAY N ST. PETERSBURG, FL 33710	US	T HERIUM KINEK KINEN HERE BINEM HUNI BINE	1818
C	OO NOT WRITE I	2000	CE	02012005 No Chg-P 4. FEI Number 59-2717769 5. Certificate of Status Desired	CR2E034 (10/03) Applied For Not Applicable \$8.75 Additional Fee Required
ST. PETE	URTIS H WAY NORTH RSBURG, FE 33710			DO NOT WI	ACE
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. SIGNATURE.					
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent sign FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 P. Election Campaign Financing Trust Fund Contribution.					2 61/917 -80025-023 150.00
10.	OFFICERS AND DIRE	CTORS			-
TITLE NAME STREET ADDRESS CITY-ST-ZIP) PST KELSO, CURTIS 1990 - 60TH WAY N. ST. PETERSBURG, FL				
title Name Street address City-St-Zip	D KELSO, CURTIS 1990 60 WAY N ST. PETERSBURG, FL				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT W	RITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SP	ACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filling 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: X SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Design Phone 4					