## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 21, 2005 08:00 AM Secretary of State

407-846-0928

3.18.05

1. Entity Nam	MENT # K15537	<u> </u>			Secr	etary of	State
Principal Plac 23 S DILLING SUITE A KISSIMMEE,		Mailing Address 23 S DILLINGHAM AVE SUITE A KISSIMMEE, FL 34741 US			A NEW COOL BALL AND AND AND		
DO NOT WRITE IN THIS SPAC				03182005 No Chg-P CR2E034 (10/03)  4. FEI Number			
23 S DILLI SUITE A	6. Name and Address of Current Rep ROBERT R. NGHAM AVE	DO NOT WRITE IN THIS SPACE					
	named entity submits this statement for thions of registered agent.  Signature, typed or printed name of registered agent and		ed office or register		th, in the State of Florida	a. i am familiar wil	h, and accept
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00  9. Election Campaign Finance Trust Fund Contribution.				.00 May Be ed to Fees			
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIF D GUYNN, ROBERT R. 2388 WINDWARD CIRCLE KISSIMMEE, FL	ECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUYNN, PATRICIA D. 2388 WINDWARD CIRCLE KISSIMMEE, FL			·	U00000271 03/21/05-800	287 42-017 150 -	0.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP					NOT WE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS SPA	CE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<u> </u>		<del></del>		<del></del>	,
TITLE NAME STREET ADDRESS CITY-ST-ZIP						ndarre	
12. I hereby of indicated of the corchanged	certify that the information supplied with thi on this report or supplemental report is tru- poration or the receiver or trustee empore, or on an attachment with an address, with	s filing does not qualify for the exe le and accurate and that my signa sted to execute this report as requi all other like empowered.	mption stated in Se ture shall have the red by Chapter 607	ection 119.07(3)( same legal effect r, Florida Statute	(i), Florida Statutes. I fur of as if made under oath as; and that my name ar	ther certify that the that I am an office opears in Block 10	e information er or director or Block 11 if

Mount M. Mung M. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: \_