2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05-04-2005 90152 022 ***150.00 DOCUMENT # L72510 SECURITY FEDERAL TRUSTEE CO. **ZUUJIUNU** Principal Place of Business Mailing Address 727 1/2 EDGEWATER DRIVE 727 1/2 EDGEWATER DRIVE ORLANDO, FL 32804 ORLANDO, FL 32804 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04292005 Chg-P CR2E034 (10/03) 4. FEI Number Applied For City & State City & State 59-3155201 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SIMONS, G. Street Address (P.O. Box Number is Not Acceptable) 727 1/2 EDGEWATER DRIVE ORLANDO, FL 32804 Zip Code City FL 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. ☐ Change X Addition DPS TITLE DPS Delete TITLE SIMONS, G NAME NAME JOE SILVERS 727 1/2 EDGEWATER DRIVE STREET ADDRESS STREET ADDRESS 533 WOODS LANE CITY-ST-7IP CITY-ST-ZIP ORLANDO, FL 32804 DE LEON SPRINGS. ☐ Change Addition ☐ Delete TITLE TITLE RON SMITH NAME NAME 533 WOODS LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DE LEON SPRINGS, FL CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filing 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.

4/25/05

Daytime Phone #

FILED

May 04, 2005 8:00 am Secretary of State