2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

1. Entity Nan	MENT # M19305 ~ TC., INC.	•		Feb 16, 2004 08:00 AM Secretary of State
Principal Plac	ce of Business	Mailing Address	<u> </u>	
7600 KINGS	SPOINTE PKWY	7600 KINGSPOINTE F	rwy	
101 ORLANDO FL 32819		101 ORLANDO FL 32819	-	
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2. Principal Place of Business		3. Mailing Address	<u></u>	
Suite, Apt. #, etc		Suite, Apt. #, etc.		MOORE CR2E034 (11/03)
City & Stal	te	City & State		4. FEI Number 59-2560463 Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired See Required Fee Required
	6. Name and Address of Current F	Registered Agent		7. Name and Address of New Registered Agent
CARNED CHE C			Name	
GARNER, SUE S. 7600 KINGSPORT PKWY., STE. 101 ORLANDO FL 32819			Street Addres	s (P.O. Box Number is Not Acceptable)
			City	Zip Code
the obliga	tions of registered agent.	the purpose of changing its	s registerea office or regis	stered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent ar	TCM) eldeoilage fi ellit br	TE. Rogistered Agent signature requ	red when roinstating) DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State				Selection Campaign Financing \$5.00 May Be
40		State		Trust Fund Contribution. Added to Fees
10.	OFFICERS AND E	My de transfer d'As	11.	Trust Fund Contribution. LJ Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	OFFICERS AND E	My de transfer d'As	TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
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FILED

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.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DIRECT