DOCUMENT # N02000001907   Doc 201-2005 90004 009 ****61.25     Principal Prece of Bureness   206 GREHAUGE DR     2706 GREHAUGE DR   Stemk April # Organization of Bureness   206 GREHAUGE DR     28.000 A # orc   Stem April # Organization of Bureness   206 GREHAUGE DR     28.000 A # orc   Stem April # orc   D0002005   Charless     28.000 A # orc   Stem April # orc   D0002005   Charless of Bureness     200 GREHAUGE DR   Stem April # orc   D0002005   Charless of Bureness     200 Greget April 200 Greget Ap	20	05 NOT-FOR-PRO ANNUAL	Jun Se	FILED Jun 20, 2005 8:00 am Secretary of State					
	1. Entity Name				00	5-20-2005 90004 00	9 ****61	.25	
Suido, Ap. F. etc. Suite, Apl. F. etc. 0802000 Chg.vNP CR2E037 (10/03)   City & State City & State City & State A. FEI Number 01-0694829 A. FEI Number 01-0694829 A. Pel Number 01-0694829 Number 675   City & State Country Z. D Country S. Centilicate of Status Dateics Pel Registered Agent   O'BRIEN, MERRITT 2706 GREENACRE DR SEERING, FL 33872 State Address of Ourmen Registered Agent Number is Not Acceptable)   Stepa Address of During Statement for the purpose of changing its registered diffice or registered agent of the registered agent Stepa Address of During Statement and acceptable)   Stepa Address of policitare of agents agent of the registered agent o	2706 GREENACRE DR 2706 GREENACRE DR					-	++L - 10 10111 10111 1011		
City & State     City & State     City & State     Applied Fire     State     App	2. Principal Place of Business 3. Mailing Address								
Zip     Country     Zip     Country     Set Application       Zip     Country     2. Country     6. Certification of Status Desired     98.75.3458116011 Fee Required       CPBRIEN, MERRITT 2706 GREENACRE DR SEBRING, FL 33872     Name     7. Name and Address of New Registered Agent       CBRIEN, MERRITT 2706 GREENACRE DR SEBRING, FL 33872     Street Address (P.O. Box Number is Not Acceptable)     Street Address of New Registered Agent       Street Address (P.O. Box Number is Not Acceptable)     Street Address (P.O. Box Number is Not Acceptable)     Street Address (P.O. Box Number is Not Acceptable)       Steet Address (P.O. Box Number is Not Acceptable)     Street Address (P.O. Box Number is Not Acceptable)     Street Address (P.O. Box Number is Not Acceptable)       Steet Address (P.O. Box Number is Not Acceptable)     Street Address (P.O. Box Number is Not Acceptable)     Street Address (P.O. Box Number is Not Acceptable)       Steet Address (P.O. Box Number is Not Acceptable)     Street Address (P.O. Box Number is Not Acceptable)     Street Address (P.O. Box Number is Not Acceptable)       Steet Address (P.O. Box Number is Not Acceptable)     Street Address (P.O. Box Number is Not Acceptable)     Street Address (P.O. Box Number is Not Acceptable)       Steet Address (P.O. Box Number is Not Acceptable)     Steet Address (P.O. Box Number is Not Acceptable)     Dott       Steet Address (P.	Suite, Apt.	#, etc.	Suite, Apt. #, etc.		06092005 C	- 06092005 Chg-NP CR2E037 (10/03)			
Zip     Country     Zip     Country     s. Centification of Status Desired     Set 75 Additional Preparity       6. Name and Address of Current Registered Agent     7. Name and Address of New Registered Agent     7. Name and Address of New Registered Agent       CPBRIEN, MERRITT 2016 GREENACRE DR SEBRING, FL 33872     Name     Name     Name       Item above named only submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Lan formitar with, and accept the obligations of registered agent, or both, in the State of Florida. Lan formitar with, and accept the obligations of registered agent of the Laptacet the obligations of registered agent. or both, in the State of Florida. Lan formitar with, and accept the obligation of registered agent and the registered office or registered agent, or both, in the State of Florida. Lan formitar with, and accept the obligation of registered agent and the state of the state the obligation of registered agent and the state the obligation of registered agent.     Onto       SIGNATURE     Policity     Election Campaign Financing Trust Fund Contribution.     Addition for a state state radies     Ontri Department of state the obligation of registered agent of state the obligation	City & Stat	e	City & State			9			
O'BRIEN, MERRITT 2705 GREENACRE DR SEBRING, FL 33872 Name   Image: Series Houses and only submits the statement for the purpose of changing its registered agent, or both, in the State of Florida. I am tamilar with, and accept the obligations of registered agent. FL Zip Code   Image: Stream Acceptable) Stream Acceptable) FL Zip Code   Image: Stream Acceptable) FL Stream Acceptable)   Image: Stream Acceptable) Stream Acceptable) Change: Macc	Zip	Country Zip Co			5. Certificate of Si		\$8.75 Add	itional	
OPRIEN. MERRITT   Street Address (P.O. Box Number is Not Acceptable)     Street Address (P.O. Box Numb	6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent								
A. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE	2706 GRE	ENACRE DR			ess (P.O. Box Number is	Not Acceptable)			
The boligations of registered agent:   SIGNATURE   With a second print and a rand of agents and life applicable   ID/TE: Magdaterd Agent signalus recenter (a)   Dut (a)     Filling Fee is \$61.25 Due by September 7, 2005   9: Election Campaign Financing Fuel Campaign Financing Campaign Financi	<u>لا</u>								
Filing Foo is \$61.25 Bue by September 7, 2005   9. Election Campaign Financing Trust Fund Contribution.   \$5.00 May Be Added of Press   Make check payable to Florida Department of State     10.   OFFICERS AND DIRECTORS   11.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10     ITILE   P   Delice   ITILE   Change   Addition     ITILE   P   SEBRING, FL 33872   ITILE	the obligations of registered agent.								
ITILE   P   Obelice   ITILE   I	Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Make check payable to								
NWE O'BRIEN, MERRITT NWE   STRET ADDRESS 2706 GREENACRE DR STRET ADDRESS   GTM-S1-2P SEBRING, FL 33872 CTM-S1-2P   ITLE V Delete TTLE   NWE ANDREVS, DAN STRET ADDRESS Change   STRET ADDRESS 215 US 27 S CTM-S1-2P   STRET ADDRESS STRET ADDRESS Change Addition   NWE STRET ADDRESS Change Addition   STRET ADDRESS 224 MAYFAIR AVE. STRET ADDRESS Change Addition   NWE STRET ADDRESS CTM-S1-2P Change Change Addition   NWE GOSSMAN, JEANNE STRET ADDRESS CTM-S1-2P Change MAddition   NWE GOSSMAN, JEANNE STRET ADDRESS CTM-S1-2P Change Change Addition   NWE STRET ADDRESS 131 TEMPTATION CT. STRET ADDRESS CTM-S1-2P STRET ADDRESS CTM-S1-2P CTM-S1-2P CTM-S1-2P CTM-S1-2P Change Addition				- <b>-</b>	ADDITIONS/CHANG	ES TO OFFICERS AND DIF			
Indet   ANDREWS, DAN   Indet	NAME STREET ADDRESS	2706 GREENACRE DR		NAME STREET ADDRESS					
ITTLE   S   Delete   ITTLE   Change   Addition     NAME   UTECH, INGRID   STREET ADDRESS   S224 MAYFAIR AVE.   STREET ADDRESS   CITV-S1-2P   Change   Addition     STREET ADDRESS   S224 MAYFAIR AVE.   STREET ADDRESS   CITV-S1-2P   Change   Addition     TITLE   T   T   Delete   TTLE   TREASURER   Change   EX Addition     NAME   GOSSMAN, JEANNE   STREET ADDRESS   P O BOX 2949   Change   EX Addition     STREET ADDRESS   P O BOX 2949   STREET ADDRESS   CITV-ST-2IP   LAKE PLACID, FL 33852   CITV-ST-2IP   Change   Addition     ITTLE   D   Delete   TTLE   NAME   STREET ADDRESS   CITV-ST-2IP   Change   Addition     ITTLE   D   Delete   TTLE   NAME   Change   Addition     ITTLE   D   IAKE PLACID, FL 33852   Delete   TTLE   NAME   Change   Addition     ITTLE   D   LAKE PLACID, FL 33852   ITTLE   NAME   CITV-ST-2IP   Change   Addition     ITTLE   D   LAKE P	NAME STREET ADDRESS	ANDREWS, DAN 215 US 27 S	Delate	NAME STREET ADORESS			Change	Addition	
CITY-ST-ZIP   LAKE PLACID, FL 33852   CITY-ST-ZIP   SEBRING, FL 338715     ITTLE   D   Delete   TTLE   Change   Addition     NAME   RITCHIE, JACK   STREET ADDRESS   CITY-ST-ZIP   LAKE PLACID, FL 33852   Addition     STREET ADDRESS   131 TEMPTATION CT.   STREET ADDRESS   CITY-ST-ZIP   LAKE PLACID, FL 33852   CITY-ST-ZIP     ITLE   D   Delete   ITTLE   Change   Addition     NAME   KOWALSKI, HANK   Delete   ITTLE   Change   Addition     NAME   KOWALSKI, HANK   Ittle   NAME   Ittle   Change   Addition     NAME   KOWALSKI, HANK   Ittle   NAME   Ittle   Change   Addition     NAME   KOWALSKI, HANK   Ittle   NAME   Ittle   Ittle   Ittle   Addition     NAME   KOWALSKI, HANK   Ittle	NAME STREET ADDRESS	S UTECH, INGRID 3224 MAYFAIR AVE.	Delete	TITLE NAME STREET ADDRESS			Change	Addition	
ITTLE   D   Delete   TTLE   Change   Addition     NAME   RITCHIE, JACK   NAME   STREET ADDRESS   131 TEMPTATION CT.   STREET ADDRESS   CITY-ST-ZIP   LAKE PLACID, FL 33852   CITY-ST-ZIP     ITTLE   D   Delete   TTLE   Change   Addition     NAME   KOWALSKI, HANK   CITY-ST-ZIP   Change   Addition     NAME   KOWALSKI, HANK   NAME   CITY-ST-ZIP   Change   Addition     NAME   KOWALSKI, HANK   NAME   STREET ADDRESS   CITY-ST-ZIP   Change   Addition     STREET ADDRESS   242 SERENADE DRIVE   STREET ADDRESS   CITY-ST-ZIP   CITY-ST-ZIP   CITY-ST-ZIP     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 617, 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.	NAME STREET ADORESS	GOSSMAN, JEANNE P O BOX 2949	<b>N</b> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REASURER (im Heintz 27 MARAVIII) EBRING, FL	9 Ave 33875	Change	Addition	
NAME KOWALSKI, HANK   STREET ADDRESS 242 SERENADE DRIVE   CITY-ST-ZIP LAKE PLACID, FL 33852   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 617, 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.	NAME STREET ADDRESS	RITCHIE, JACK 131 TEMPTATION CT.	Delete	TITLE NAME STREET ADDRESS			Change	Addition	
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SIGNATURE: SIGNATURE AND TYPED ON PRINTEMANE OF SIGNING OFFICER OR DIRECTOR Date Daving Prove #	indicated of the cor changed	I on this report or supplemental report in poration or the receiver or trustee emp or on an attachment with an address,	s true and accurate and that m owered to execute this report a with all other like empowered.	y signature shall have as required by Chapte	the same legal effect as	if made under oath; that I a	m an officer	or director	