## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02000007791

FILED Jul 02, 2005 Secretary of State

Entity Na	me: SUGARLOAF MEADOW HOMEOV	VIVERO ACCOUNTION, INC.
Current P	Principal Place of Business:	New Principal Place of Business:
	DRELINE DRIVE D, FL 32819	
Current N	Mailing Address:	New Mailing Address:
	DRELINE DRIVE D, FL 32819	
	r: 20-0201812 FEI Number Applied For ( nce with s. 607.193(2)(b), F.S., the corporation of	
Name and	d Address of Current Registered Agen	t: Name and Address of New Registered Agent:
6018 SHC	ID, OSAMA H DRELINE DRIVE	
ORLAND	D, FL 32819 US	
The above	O, FL 32819 US	the purpose of changing its registered office or registered agent, or both
The above	D, FL 32819 US e named entity submits this statement for e of Florida.	the purpose of changing its registered office or registered agent, or both
The above in the Stat	D, FL 32819 US e named entity submits this statement for e of Florida.	
The above in the Stat SIGNATU	D, FL 32819 US e named entity submits this statement for e of Florida.  RE:	
The above in the Stat SIGNATU	D, FL 32819 US e named entity submits this statement for e of Florida.  RE:  Electronic Signature of Registered	d Agent Date
The above in the Status SIGNATU  OFFICER  Title: Name: Address:	D, FL 32819 US e named entity submits this statement for e of Florida.  RE:  Electronic Signature of Registered  S AND DIRECTORS:  TPD () Delete  HEGAZY, HUSSIEN 6018 SHORELINE DRIVE	Agent Date  ADDITIONS/CHANGES TO OFFICERS AND DIRECTO  Title: ( ) Change ( ) Addition  Name: Address:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: OSAMA MAHMOUD MR 07/02/2005