2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)** DOCUMENT # N03000002779 1. Entity Name

FILED Feb 11, 2005 8:00 am Secretary of State

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2. Principal Place of Business 3. Mailing Address 1st MOORE CR26037 (10104) Sulto, Apr. #, etc. Suite, Apr. #, etc. 1st MOORE CR26037 (10104) City & State City & State 4. FE Inumber 65-1073730 Applied For Model Processing National Address of Country Zip Country 5. Centificate of Status Desired \$8.75 Additional Press Required Agent 7. Name and Address of New Registered Agent Apr. Applied For Model Processing Applied For Model Processin	Principal Place of Business Mailing Address									
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MICHAELS, GEORGE 4401 GULFSHORE BLVD, #705 NAPLES FL 34103 City City FL Zip Code City FL Zip Code 6. The above named entity submits this statement for the purpose of changing its registered effice or registered agent, or both, in the State of Flonds. I am familiar with, and accept the deligations of registered agent, or both, in the State of Flonds. I am familiar with, and accept the deligations of registered agent, or both, in the State of Flonds. I am familiar with, and accept the deligations of registered agent, or both, in the State of Flonds. I am familiar with, and accept the deligations of registered agent, or both, in the State of Flonds. I am familiar with, and accept the deligations of registered agent, or both, in the State of Flonds. I am familiar with, and accept the deligations of registered agent, or both, in the State of Flonds. I am familiar with, and accept the deligations of registered agent, or both, in the State of Flonds. I am familiar with, and accept the deligations of registered agent, or both, in the State of Flonds. I am familiar with, and accept the deligations of registered agent, or both, in the State of Flonds. I am familiar with, and accept the deligations of registered agent, or both, in the State of Flonds. I am familiar with, and accept the deligations of registered agent, or both, in the State of Flonds. I am familiar with, and accept the deligation of registered agent, or both, in the State of Flonds. I am familiar with, and accept the deligation of registered agent, or both, in the State of Flonds. I am familiar with, and accept the deligation of registered agent, or both, in the State of Flonds. I am familiar with, and accept the deligation of registered agent, or both, in the State of Flonds. I am familiar with, and accept the deligation of registered agent, or both, in the State of Flonds. I am familiar with, and accept the deligation of the familiar accept the fam		6. Name and Address of Current R	egistered Agent		7. Na	me and Address	of New Ro	egistered A	gent	
A401 GULFSHORE BLVD., #705 NAPLES FL 34103 8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Symbol S				Name	Name					
B. 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 Signature Investor present rame of ingrewed agent and titled aspectable. (NOTE Registered Agent signature required when recursoring) DATE FILE NOW: FEE IS \$61.25	4401 GULFSHORE BLVD., #705			Street A	Street Address (P.O. Box Number is Not Acceptable)					
R. 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 Symbox, triad or printed registered agent and tell displace to 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 Symbox, triad or printed range of agent and tell displace to the obligations of registered agent. FILE NOW: FEE: IS \$61.25 Trust Fund Contribution. Due By May 1: 2005 9. Election Campaign Financing Trust Fund Contribution. State Florida Department of State Added to Fees Make Check Payable to Added to Fees Nake Check Payable to State 10.	NAF	PLES FL 34103								
8. 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 Signature type Signature t				City				FI	Zip Cod	e
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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.

Jek. 2, 2005 239-992-8217