2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Aug 29, 2005 8:00 am Secretary of State

DOCUI 1. Entity Nam ROBERTA			08-29-2005 90144 046 ****70.00						
SARASOTA, FL 34234 SARASOTA, FL 3423		2441 22ND STREET SARASOTA, FL 34234				500637	54 		
2. Principal Pl 1918 Ad Suite, Apt.	lace of Business ar ley Awe. #4 54335 #, etc.	3. Mailing Address Suite, Apt. #, etc.	34739		-08082005 Ch	ng-NP CR2E037 ((10/03) 2		
City & State		City & State	54232		4. FEI Number APPLIED FO	56-240942	S Apr	plied For Applicable	
Zip 34235	Country Serasing	Zip 34232	Country		5. Certificate of Sta	atus Desireu La Fee	.75 Addi Required	itional	
	6. Name and Address of Current	Registered Agent	Nama		7. Name and Add	ress of New Registered Age	ont		
HINES, RO	BERTA		Name	S	one Name	Hines Robe	er ter		
2441 22ND				Street Address (P.O. Box Number is Not Acceptable)					
SARASOT	A, FL 34234		Ne	u aa	chos's	18 Harley M	vc_		
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			City	Sour	a sofa	FL	Zip Code	3 <i>5</i>	
8. The above named entity submits this statement for the purpose of changing its registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Reg.				r register	ed agent, or both, in	the State of Florida. I am fam	iliar with, a	and accept	
	Signature, typed or printed name of registered agen	and title if applicable. (NOTE:	Registered Agent signal	lure required	when reinstating)	DATE			
	Signature, whed or printed raffee of registered agen Filling Fee Is \$61.25 ue by September 7, 2005		paign Financing	ure required	\$5.00 May Be Added to Fees	Make check po Florida Departme			
	Filing Fee Is \$61.25 ue by September 7, 2005 OFFICERS AND D	9. Election Cam Trust Fund C	paign Financing		\$5.00 May Be Added to Fees	Make check p	ent of Sta	ate	
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12. I hereby certify that the information supplied with this filling 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.

SIGNATURE:

KOLETTA HUNLS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Aug 8,05 313

539-8939 313-6284