و 20 0 سۆ)4 NOT-FOR-PRO ANNUAL	OFIT CORPO	RATION			ps-1-1	12
DOCUI	MENT # N03000010		EZW OL, JUL	#DS 8 PM 2:	73 /20	461,	
Principal Place 652 NEUMAN OCOEE, FL 3	IN VILLAGE CT	Mailing Address 652 NEUMANN VILLAGE OCOEE, FL 34761	ст	SECRE TALLAH	ARY OF S ASSEE. FL	A OI STÖ I kar ara kar kar	Tirki di Hora
2. Principal P	ace of Business	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		06302004 Chg	-NP C	R2E037 (10/03)	
City & State		City & State		4. FELNumber 0	4617	 	plied For t Applicable
Zip	Country	Zip	Country	5. Certificate of State		\$8.75 Addi Fee Required	
	6. Name and Address of Current	Registered Agent	-Name	7. Name and Addre	ss of New Regis	tered Agent	
SAINTUNY, JEAN F 652 NEUMANN VILLAGE CT OCOEE, FL 34761			Street Address	s (P.O. Box Number is No	ot Acceptable)		
jeu -	1		City	 .	· · · · · · · · · · · · · · · · · · ·	FL Zip Code	•
signature	named entity submits this statement for one of registered agent. Signature, typed or printed name of registered agent. Filling Fee is \$61.25 ue by September 8, 2004	and title if applicable. (NOTE 9. Election Carr Trust Fund C	: Registered Agent signeture requi		Make	DATE check payable to Department of St.	
10.	OFFICERS AND DI	RECTORS Delete	11.	ADDITIONS/CHANGES	S TO OFFICERS A	ND DIRECTORS IN Change	10 Addition
NAME STREET ADDRESS CITY-ST-ZIP	SAINTÜNY, JEAN F 652 NEUMANN VILLAGE CT OCOEE, FL 34761	_ Deloc	NAME STREET ADDRESS CITY-ST-ZIP			_ January	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SAINTUNY, MICHELLE 652 NEUMANN VILLAGE CT OCOEE, FL 34761	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TT JOLICOEUR, RONALD 1723 MONTVIEW ST ORLANDO, FL 32805	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CHY-ST-ZIP	T LEONARD, JEAN R 6616 LAMIRADA DR E#1 JACKSONVILLE, FL 32217	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE Name	1	Delete	TITLE NAME	900	10392	38299	Addition
STREET ADORESS CITY-ST-ZIP	j.		STREET ADDRESS City-St-Zip	07/16/0)0392 401017-	-009 **61.	. 25
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP), 	☐ Delete	CHY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP			☐ Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby indicated	certify that the information supplied wit on this report or supplemental report poration of the receiver or trustee on or on an attachment with an address,	h this filing does not qualify for s true and accurate and that n	CHY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP The exemption stated in ny signature shall have the	Section 119.07(3)(i), Flor ne same legal effect as if	ida Statutes. I furt made under oath	Change her certify that the in; that I am an officer	Addition

June 30, 2004

To whom it may concern:

Document number: N03000010907

EIN number: 57-1204617

I am sending you this memo to let you know that there is no activities done trough this corporation since the date we file for the incorporation paper until now.

Enclosed is my 2004 annual report it's need to be amend.

Thank you for your understanding

Jean Saintuny