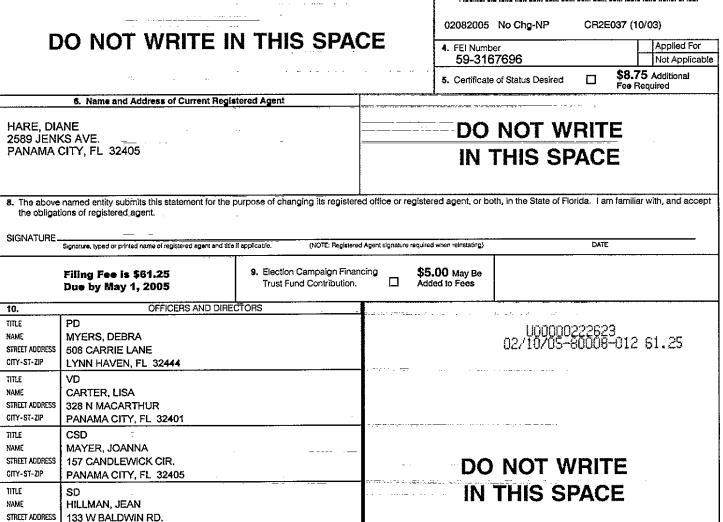


FILED -Feb 09, 2005 08:00 AM Secretary of State



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.

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

TITLE NAME PANAMA CITY, FL 32405

125 SUMMER BREEZE RD

PANAMA CITY, FL 32413

NEUDECKER, DEANNA

4341 THOMAS DR. BOX C-4 PANAMA CITY, FL 32408

BIGGS, NEDA

NATURE AND TYPED OR PRINTED NAME OF SKINING OFFICEROR DIRECTOR

2-8-05 850-763-963

Daytime Phone #