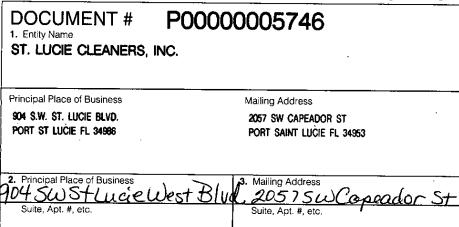
FILED 2002 UNIFORM BUSINESS REPORT (UBR) P0000005746

May 24, 2002 8:00 am § Secretary of State

05-24-2002 91310 043 ***150.00



SIGNATURE



Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
Port S Zip	te + Lucie FC Country	Port St. Le		=(4.	FEI Number 65-0977853	N	applied For lot Applicable	
	86 USA	34953	Country U.S.A	5.	Certificate of Status Desired	□ \$8.75 Ad Fee Require		
-	6. Name and Address of Current F	legistered Agent	Namo		Name and Address of New Regis	tered Agent		
LABIANCA, DORETTA 2057 SW CAPEADOR STREET PORT ST LUCIE FL 34953				Name Street Address (P.O. Box Number is Not Acceptable)				
			City			FL Zip Coo	et	
8. The above	e named anythy submitted that statement for anything and anything statement for anything anyt	ava, Vic	registered office	siden	gent, or both, in the State of Florida	5/1/	102	
Tax filing requirement and elects to do so. (See criteria on back) After May 1, 200 Make Check Payable				550.00	10. Election Campaign Financi Trust Fund Contribution.	Ψυ.υ	00 May Be d to Fees	
11.	OFFICERS AND D	PIRECTORS	12.		DITIONS/CHANGES TO OFFICER	S AND DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LABIANCA, DORETTA 2057 SW CAPEADOR STREET PORT ST LUCIE FL 34953	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1	PRESIDENT	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Labianca, Mike 2057 SW Capeador Street Port St Lucie Fl 34953	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres	ident	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS' CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
of the corp	ertify that the information supplied with the on this report or supplemental report is troporation or the receiver or trustee empower or on an attachment with an address, with	ered to execute this report as	signature shall r	nave the same in				