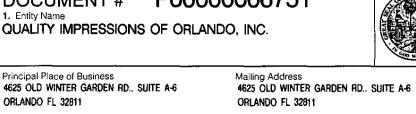
Apr 25, 2003 8:00 am \$ Secretary of State **FILED**

2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #

P00000006751



4625 OLD WII ORLANDO FL	nter garden Rd., Suite A-6 32811	4625 OLD ORLANDO	WINTER GARDEN FL 32811	RD., SUITE A-6			
2. Principal P	Place of Business	3. Mailing	Address			18881 41191 1181 1881	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES		
City & Stat	e	City & State			4. FEI Number 59-3625236	Applied For Not Applicable	
Zip	Country	Zip		Country	5. Certificate of Status Desired See Received	Additional quired	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent		
CARRIOON IOINIW				Name	Name		
GARRISON, JOHN W				Street Addre	Street Address (P.O. Box Number is Not Acceptable)		
4625 OLD WINTER GARDEN RD., SUITE A-6 ORLANDO FL 32811							
UHLANDU) FL 32811				·		
				City	FL Zip	Code	
		t for the purpose	of changing its re	gistered office or reg	gistered agent, or both, in the State of Florida. I am familiar	with, and accept	
the obligat	ions of registered agent.						
SIGNATURE .							
	Signature, typed or printed name of registered ag	ent and title if applicable	o. (NOTE: F	legistered Agent signature re-	equired when reinstating) DATE		
	ILE NOW!!! FEE IS \$150.00	_			9. Election Campaign Financing	5.00 May Be	
	r May 1, 2003 Fee will be \$550.0 c Payable to Florida Department			•		dded to Fees	
10. OFFICERS AND DIRECTORS 11.				11	ADDITIONS/CHANGES TO OFFICERS AND DIRECT	TORS IN 11	
TITLE	DPS	ND DINECTORS	☐ Delete	TITLE	ADDITIONS/CHANGES TO OFF ICERS AND CIRCLE		
NAME	GARRISON, JOHN W		- Delete	NAME		, , , , , , , , , , , , , , , , , , ,	
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32811			CITY-ST-ZIP			
TITLE			☐ Delete	TITLE	☐ Cha	nge 🔲 Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE NAME			☐ Delete	TITLE	☐ Cha	nge 🗌 Addition	
STREET ADDRESS				NAMESTREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP		(
TITLE			☐ Delete	TITLE	☐ Cha	nge 🔲 Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
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NAME STREET ADDRESS				NAME STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP		}	
TITLE		<u></u>	☐ Delete	TITLE	☐ Chai	nge	
NAME			THE DELETE	NAME	Cital	Ac Dynamii	
STREET ADDRESS				STREET ADDRESS			

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 argurate 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 exproveded to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

REQUIRED A PRINTED NAME OF SIGNING OFFICER OR DIRECTOR