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

FILED May 01, 2002 8:00 am Secretary of State

DOCUMENT #POOOOOSOUS			05-01-2002 91566 044 ***150.00	
PW SQUARE	וווכ	10		
DO NOT WRITE	IN THIS SI	PACE		
2. Principal Place of Business	3. Mailing Address			•
1447 RAV HEAD BLUD 3441 POINTE (Suite, Apr. #, etc. SUITE # 11 # 205		! Lecek Louri	DO NOT WRITE IN THIS SPACE	
NAPLES FLORIDA	BONITA SORI	495 FLORIDA	4. FEI Number 59.3620716	Applied For Not Applicable
Zip Country 34110 USA	34134	Country USA	5. Certificate of Status Desired	\$9.75 ALES
7. Name and Address of Current Registered Agent				
-Street Address (P			WILSON WISE P.O: Box Number is Not Acceptable)	
			Soriues	FL 324 34
8. The above named entity submits this statement for the purgose of changing its registered office or registered agent, or both, in the State of Florida.				
SIGNATURE AT WILSOLUSE for Colon Que (NOTE: Registered Agent signature required when reinstatung) DATE ONTE: Registered Agent signature required when reinstatung)				
9. This corporation is eligible to satisfy its Intangible January 1. May 1 Fee is \$150.00				
Tax filing requirement and elects to do so.	After May Amended	1, Fee is \$550.00 UBR is \$61.25 Is to Department of State	10. Election Campaign Financin Trust Fund Contribution.	9 \$5.00 May Be Added to Fees
11. OFFICERS AND DIRECTORS				
INTE PRESIDENT		·mu Say		6
STREET ADDRESS 3441 POINTE CIZCER COURT & 205		BASE		121
CITY-ST-ZP BOULTA Spelugs, FL 34134		STREET ADDRESS City-St-Zip		SZE0348 (12.01
In Vice President		mi		<u> </u>
MAN LEIGHMASHLEY EGHTS DAR!		NAME I		2

PAT WILSOU WISE HALE. 3441 POINTE CIERCE COVET & 205 STREET ADDRESS STREET ADDRESS CITY-ST-ZEP Bouita Springs, FL 34134 CITY-ST-ZP VICE - PRESIDEUT TITLE mt/// eigharshley Equito Dari MAME MANT 7702 MEADOW LAVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHEUYCHASE, MD. 20815 CITY ST-ZIP SECRETARY TREASURER JIM . ERHEST H. WISC 3441 POINTE CREEK COURT # 205 NOVE STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-78P BOULTA SPRIMS FL 34134 CITY ST 719 nne TITLE IN THIS SPACE NAME STREET ADDRESS STREET AUTORES CITY-ST-74P CITY ST.78 THE MLE NAVE W.A STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CTTY. ST. 740 TITLE mi NAME NAVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST ZP

13. Thereby certify that the information supplied with this fitting does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. If 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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address. With all other like empowered.

SIGNATURE:

Wilson Wire PAT WILSON Wise

4/22/02