## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 23, 2005 08:00 AM Secretary of State

(407) 354-3307 Daytime Phone #

2/18/2005

	dress ERNATIONAL DR 0, FL 32819
6. Name and Address of Current Registered Ag ESTEIN, LOTHAR 5211 INTERNATIONAL DRIVE ORLANDO, FL 32819	59-3629288 Not Applicable  5. Certificate of Status Desired S8.75 Additional Fee Required
the obligations of registered agent.  SIGNATURE Signature, typed of printed name of registered agent and title if applicable  FILE NOWIN FEE IS \$150.00 9. Ele	of changing its registered office or registered agent, or both, in the State of Florida. 1 am familiar with, and accept  (NOTE Registered Agent signature required when reinstating)  DATE  DESTRUCTION Campaign Financing  \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS  TITLE D  NAME ESTEIN, LOTHAR  STREET ADDRESS 5211 INTERNATIONAL DR  CITY-ST-ZIP ORLANDO, FL 32819  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	U00000240286 02/23/05-80025-010 158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP  12. I hereby certify that the information supplied with this filing does indicated on this report or supplemental report is true and account of the corporation or the receiver or trustee empowered to execute	s not qualify for the exemption stated in Section 119.07(3)(1). Florida Statutes. I further certify that the information rate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director rute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if we empowered.

Lothar Estein SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: \_