2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

ANNUAL REPORT (AR)						. FILED				
DOCUMENT # P00000024247  1. Entity Name					Apr 04, 2005 08:00 AM Secretary of State					
DAVID F.	. GARBER, P.A.		!			Secre	tary o	1 Sta	ite	
Principal Place of Business Mailing Address					-					
700 11TH ST S STE 202 NAPLES FL 34102		700 11TH ST S STE 202 NAPLES FL 34102								
					1					
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.		isi	MOORE	CR2E034 (	10/04)			
City & State		City & State		4. FEI Numbe	59-3637917	<del></del>		plied For at Applicable		
Zip	Country	Zip	Coun	try	5. Certificate	of Status Desired		3.75 Add e Require		
	6. Name and Address of Curren	Registered Agent		Name	7. Name and	Address of New Re	gistered Age	ent		
GAI 700	RBER, DAVID F 0 11TH ST S STE 202					er is Not Acceptable	)	<del></del>		
NAI	PLES FL 34102			<u> </u>		<del></del>		·····		
,	•			City		······································	FL	Zip Code	ė	
	e named entity submits this statement f tlons of registered agent.	or the purpose of changing it	s registere	ed office or register	red agent, or bo	th, in the State of Flo	rîda. I am fan	niliar with,	and accept	
SIGNATURE	Signature, typed or printed name of registered agon	t and title it applicable (NO	TE Registered	d Agem signature required	í when reinstaling)	<del></del>	DATE			
	ILE NOW!!! FEE IS \$150.00 May 1, 2005 Fee Will Be \$550.0	0	<u></u>			9. Election Campa Trust Fund Cont			00 Мау Ве	
Make Check	k Payable to Florida Department o	of State			ļ	Trast Fatia Cott	induoti.	I Adde	d to Fees	
10,	OFFICERS AND	<del></del>	11.		ADDITIONS/	CHANGES TO OFFI				
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CITY ST-ZIP	and the state of t	to attin filling days - 1 the large of		ST-ZIP		D. Florida Continue 1	Separate and the second	Manager .		
indicated of the cor	certify that the information supplied wit on this report or supplemental report reporation or the receiver or trustee emp or on an attachment with an abdress,	is true and accurate and that sowered to execute this report with all other like empowered	my signat t as requir	ripiion stated in Se ture shall have the t red by Chapter 607	same legal effect, Florida Statute	it as if made under o	ath; that I am appears in B	an officer lock 10 or	or director Block 11 if	

239-774/40

Daytme Phone #