## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P00000030047

City-St-Zip: HIGHLAND BEACH, FL 33487

LACUIDA CANICTUADV INC

FILED Jan 16, 2004 Secretary of State

| Entity Nai                                  | me: JACURA                         | SANCTUARY, IN        | IC.            |   |  |                         |                 |
|---|------------------------------------|----------------------|----------------|---|--|-------------------------|-----------------|
| Current Principal Place of Business:        |                                    |                      |                | New Principal Place of Business:            |  |                         |                 |
| 10 OCEAN<br>HIGHLANI                        | N PLACE<br>D BEACH, FL             | 33487                |                |   |  |                         |                 |
| Current Mailing Address:                    |                                    |                      |                | New Mailing Address:                        |  |                         |                 |
| 10 OCEAN<br>HIGHLANI                        | N PLACE<br>D BEACH, FL             | 33487                |                |   |  |                         |                 |
| FEI Number                                  | : 65-0992289                       | FEI Number Appl      | ied For()      | FEI Number Not Appl                         | icable()                                   | Certificate of Statu    | ıs Desired ( )  |
| Name and                                    | Address of (                       | Current Register     | ed Agent:      | Name and                                    | Address o                                  | f New Registered A      | \gent:          |
| 10 OCEAN                                    | EMI, TUULA<br>NPLACE<br>DBEACH, FL | 33487                |                |   |  |                         |                 |
|   | named entity<br>e of Florida.      | submits this state   | ment for the p | urpose of changing i                        | ts registered                              | d office or registered  | agent, or both, |
| SIGNATUI                                    |                                    | nic Signature of R   | ogistored Age  | nt  |  | <br>Date                |                 |
| Election Car                                |                                    | g Trust Fund Contril | _              | iit.  |  | Date                    |                 |
| OFFICERS AND DIRECTORS:                     |                                    |                      |                | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS |  |                         |                 |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | UURAUNIEMI,<br>10 OCEAN PL         |                      |                | Title:<br>Name:<br>Address:<br>City-St-Zip: | P<br>UURANNIEW<br>10 OCEAN F<br>HIGHLAND E | *                       |                 |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | UURAUNIEMI,<br>10 OCEAN PL         |                      |                | Title:<br>Name:<br>Address:<br>City-St-Zip: | UURANNIEM<br>10 OCEAN F                    |                         |                 |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | UURANNIEMI,<br>10 OCEAN PL         |                      |                | Title:<br>Name:<br>Address:<br>City-St-Zip: |  | ()Change ()Addition     |                 |
| Title:<br>Name:<br>Address:                 | S (<br>UURANNIEMI,<br>10 OCEAN PL  |                      |                | Title:<br>Name:<br>Address:                 |  | ( ) Change ( ) Addition |                 |

I hereby certify that the information supplied with this filing does not qualify for the 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 accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: TUULA UURANNIEMI S 01/16/2004