2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANNUAL REPORT (AR)				, "FILED	
DOCUMENT # P00000062228  1. Entity Name				Mar 07, 2005 08:00 A Secretary of State	<b>AM</b>
RELLIM, I	INC.	<b>A</b> .		g seer evan y or source	
Principal Plac	ee of Business	Mailing Address		•	
560 S WOODLAND BLVD		560 S WOODLAND BLV	)		
P.O. BOX 432 DELAND FL 32721		P.O. BOX 432 DELAND FL 32721			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt #, etc.		1st MOORE CR2E034 (10/04)	
City & State		City & State		E0 2000220	plied For t Applicab
Zip	Country	Zip	Country	5. Certificate of Status Desired   \$8.75 Addi Fee Required	
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent	
AMILED MUDDAY			., Name		
MILLER, MURRAY 560 S WOODLAND BLVD DELAND FL 32720			Street Address	(P O, Box Number is Not Acceptable)	
			City	FL Zip Code	<u>-</u>
8 The above	a named antity exploits this statement for	or the number of changing its re-	alstered office or realst		and accer
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and acceptive obligations of registered agent.					
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)  DATE  DATE					
	ILE NOW!!! FEE IS \$150.00 May 1, 2005 Fee Will Be \$550.00	7.000	<del>-</del>		<b>30</b> May B
	k Payable to Florida Department o	[		Trust Fund Contribution.   Adde	d to Fees
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	31N 1 f
TOTALE	P	☐ Delete	TITLE	☐ Change	🔲 Addilia
NAME STREET ADDRESS	MILLER, MURRAY 621 W INDIANA AVE APT 12		NAME SIRENTADDRESS	(managamana)	
CITY - ST - ZIP	DELAND FL 32720		CHY-ST-ZIP	U00000252861 	aa
TITLE	PVSD	☐ Defete	रागह	Change	Addition
NAME CTOSELABORGE	MILLER, MURRAY		NAME STREET ADURESS		
CITY-ST-ZIF	621 W INDIANA AVE APT 12 DELAND FL 32720		CITA-ST-SID		
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NAME			NAME OLDERA EDBOSES		
CITY: ST-ZIP	211		SIREFT ADDRESS CITY-ST- XIP		
12. I hereby	certify the the information supplied with	this filing does not qualify for th	e exemption stated in S	Section 119.07(3)(I), Florida Statutes. I further certify that the in	 formation
indicated of the cor	f on this report of supplemental report is poration or the receiver or trustee emp , or on an attachment with an address,	s true and accurate and that my owered to execute this report as	signature shall have the required by Chapter 60	s same legal effect as it made under oath, that I am an officer of the same appears in Block 10 or same appears in Block 10 or	or dîrecto Block 11
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