2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 28, 2005 08:00 AM Secretary of State

1. Entity Ner	MENT # P000000672	96					y of State
Principal Plac	ce of Business	Mailing Address	· 				
	ILITARY TRAIL	16244 S. MILITARY TRAIL					
SUITE 460 DELRAY BEACH, FL 33484 SUITE 460 DELRAY BEACH, FL 33484 DELRAY BEACH, FL 33484							
		DECIMI DENVIL, IE 33404		1 188 311 0 1 111	DDD DDA Ban Tan Dan an	ira ko di je u rrali izmih ikuri	A FINITE CONTINUE A FORT
TMP			4	}			[[]]]]]
	O NOT WHITE	iki wille emi	OF.	01262005	No Chg-P	CR2E034 (10	0/03)
	O NOT WRITE	HAL CILLI KI	UE	4. FEI Numbe			Applied For
				65-402	8487		Not Applicable
				5. Certificate	of Status Desired		5 Additional equired
	6. Name and Address of Current Re	gistered Agent			ar man all all and	The state of the state of	7.5
KORNBER	RG, JOEL MDPA						
7301A W	PALMETTO PARK RD		(*)	, DO	NOT W	HITE	
305C BOCA RATON, FL 33433			Park The	' IN T	HIS SF	ACE	
DUCA KA	ION, FL 33433			11.4 (39 .5 °).			
					1957 Light - 1070		
6. The above the obliga	named entity submits this statement for the tions of registered agent,	e purpose of changing its register	ed office or registere	ed agent, or bot	h, in the State of Fid	orida. I am Iamilia	rwith, and accept
the obligation	named entity submits this statement for th tions of registered agent. Signature, typed or printed name of registered agent and		ed office or registers Agent eignature required	· <u> </u>	h, in the State of Fic	orida. I am Iamilia	r with, and accept
the obligation of the obligati	tions of registered agent,		d Agent eignature required	· <u> </u>	h, in the State of Fid		r with, and accept
the obligation of the obligati	tions of registered agent, Signature, typed or printed name of registered agent and	9. Election Campaign Final Trust Fund Contribution.	d Agent eignature required	when reinstating)	h, in the State of Fid		y with, and accept
signature. Fil. After M	Signature, typed or printed name of registered agent and E NOWILL FEE 18 \$150.00 Ay 1, 2005 Fee will be \$550.00 OFFICERS AND DIE	9. Election Campaign Final Trust Fund Contribution.	d Agent eignature required	when reinstating)	h, in the State of Fix		r with, and accept
SIGNATURE. FIL After M 10. TITLE NAME	Signature, typed or printed name of registered agent and E NOWILL FEE IS \$150.00 Ay 1, 2005 Fee will be \$550.00 OFFICERS AND DIF P ELLINGER, REBECCA	9. Election Campaign Final Trust Fund Contribution.	d Agent eignature required	when reinstating)	12	DATE 00246510	
SIGNATURE. FIL After M 10.	Signature, typed or printed name of registered agent and E NOWILL FEE IS \$150.00 AY 1, 2005 Fee will be \$550.00 OFFICERS AND DIE P ELLINGER, REBECCA 16244 S. MILITARY TRAIL SUITE 4	9. Election Campaign Final Trust Fund Contribution.	d Agent eignature required	when reinstating)	12	DATE	
SIGNATURE. FIL After M 10. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent and E NOWILL FEE IS \$150.00 Ay 1, 2005 Fee will be \$550.00 OFFICERS AND DIF P ELLINGER, REBECCA	9. Election Campaign Final Trust Fund Contribution.	d Agent eignature required	when reinstating)	12	DATE 00246510	
TILE NAME NAME NAME NAME NAME NAME NAME NAME	Signature, typed or printed name of registered agent and E NOWILL FEE IS \$150.00 AY 1, 2005 Fee will be \$550.00 OFFICERS AND DIE P ELLINGER, REBECCA 16244 S. MILITARY TRAIL SUITE 4	9. Election Campaign Final Trust Fund Contribution.	d Agent eignature required	when reinstating)	12	DATE 00246510	
FIL After M 10. TITLE NAME STREET ADDRESS CITY-57-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent and E NOWILL FEE IS \$150.00 AY 1, 2005 Fee will be \$550.00 OFFICERS AND DIE P ELLINGER, REBECCA 16244 S. MILITARY TRAIL SUITE 4	9. Election Campaign Final Trust Fund Contribution.	d Agent eignature required	when reinstating)	12	DATE 00246510	
THE ODIEGA SIGNATURE. FIL After M 10. TILE NAME STREET ADDRESS CITY-ST-ZIP TILE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent and E NOWILL FEE IS \$150.00 AY 1, 2005 Fee will be \$550.00 OFFICERS AND DIE P ELLINGER, REBECCA 16244 S. MILITARY TRAIL SUITE 4	9. Election Campaign Final Trust Fund Contribution.	d Agent eignature required	when reinstating)	12	DATE 00246510	
FIL After M 10. TITLE NAME STREET ADDRESS CITY-57-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent and E NOWILL FEE IS \$150.00 AY 1, 2005 Fee will be \$550.00 OFFICERS AND DIE P ELLINGER, REBECCA 16244 S. MILITARY TRAIL SUITE 4	9. Election Campaign Final Trust Fund Contribution.	d Agent eignature required	when reinstating)	12	DATE 00246510	
THE ODDIESS SIGNATURE. FIL After M 10. TITLE MAME STREET ADDRESS CITY-ST-JIP TITLE MAME STREET ADDRESS CITY-ST-JIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent and E NOWILL FEE IS \$150.00 AY 1, 2005 Fee will be \$550.00 OFFICERS AND DIE P ELLINGER, REBECCA 16244 S. MILITARY TRAIL SUITE 4	9. Election Campaign Final Trust Fund Contribution.	d Agent eignature required	when reinstating) OO May Be ad to Fees	1000 82/8/8 1	олт 00246510 5- 90068-0	
THE ODDIESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent and E NOWILL FEE IS \$150.00 AY 1, 2005 Fee will be \$550.00 OFFICERS AND DIE P ELLINGER, REBECCA 16244 S. MILITARY TRAIL SUITE 4	9. Election Campaign Final Trust Fund Contribution.	d Agent eignature required	when reinstating) OO May Be and to Fees	ez loui	00246510 5- 90 0 68- 0	
THE ODDIESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE	Signature, typed or printed name of registered agent and E NOWILL FEE IS \$150.00 AY 1, 2005 Fee will be \$550.00 OFFICERS AND DIE P ELLINGER, REBECCA 16244 S. MILITARY TRAIL SUITE 4	9. Election Campaign Final Trust Fund Contribution.	d Agent eignature required	when reinstating) OO May Be and to Fees	ez loui	00246510 5- 90 0 68- 0	
THE ODDIESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent and E NOWILL FEE IS \$150.00 AY 1, 2005 Fee will be \$550.00 OFFICERS AND DIE P ELLINGER, REBECCA 16244 S. MILITARY TRAIL SUITE 4	9. Election Campaign Final Trust Fund Contribution.	d Agent eignature required	when reinstating) OO May Be and to Fees	1000 82/8/8 1	00246510 5- 90 0 68- 0	
THE ODDIESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME	Signature, typed or printed name of registered agent and E NOWILL FEE IS \$150.00 AY 1, 2005 Fee will be \$550.00 OFFICERS AND DIE P ELLINGER, REBECCA 16244 S. MILITARY TRAIL SUITE 4	9. Election Campaign Final Trust Fund Contribution.	d Agent eignature required	when reinstating) OO May Be and to Fees	ez loui	00246510 5- 90 0 68- 0	
THE ODDIESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agent and E NOWILL FEE IS \$150.00 AY 1, 2005 Fee will be \$550.00 OFFICERS AND DIE P ELLINGER, REBECCA 16244 S. MILITARY TRAIL SUITE 4	9. Election Campaign Final Trust Fund Contribution.	d Agent eignature required	when reinstating) OO May Be and to Fees	ez loui	00246510 5- 90 0 68- 0	
THE ODDIGATION OF THE CONTROL OF THE	Signature, typed or printed name of registered agent and E NOWILL FEE IS \$150.00 AY 1, 2005 Fee will be \$550.00 OFFICERS AND DIE P ELLINGER, REBECCA 16244 S. MILITARY TRAIL SUITE 4	9. Election Campaign Final Trust Fund Contribution.	d Agent eignature required	when reinstating) OO May Be and to Fees	ez loui	00246510 5- 90 0 68- 0	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

12. Thereby certify that the information supplied with this filing does not qualify 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 signature shall have the same legal effect as if made under eath; 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP TITLE NAME STREET ADDRESS

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR