2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000078829



FILED May 03, 2004 8:00 am Secretary of State 05-03-2004 91228 019 ***150.00

PRICEIDE PECTS OF Business 20 A SOUTH COMMERCE AVE. SEBRING, FL 30870 Subsequence of Business Subsequence of Business	1. Entity Nam		IING CENTER, INC) .							
Suite, Apt. #, etc.	204 SOUTH COMMERCE AVE. 2			204 SOUTH COMMER	204 SOUTH COMMERCE AVE.						
Suite, Apt. #, etc. Suite, Apt. #, etc. 94272004 Chg. P CR2E034 (10/03)											
City & State County County S. Certificate of Status Destrad Set Populated For	2. Principal P	lace of Busin	ness	3. Mailing Address	3. Mailing Address						
Country Country Country State Country State Country State Country State	Suite, Apt. #, etc.			Suite, Apt. #, etc.	Suite, Apt. #, etc.			Chg-P	CR2E03	4 (10/03)	
S. Neme and Address of Current Registered Agent S. Neme and Address of Current Registered Agent Name PALMERTON, TAMMY 204 SOUTH COMMERCE AVE. Stream Address (P.O. Box Number is Not Acceptable) City	City & State			City & State			F				
Name				Zip	Zip Country		5. Certificate o	Status Desired			
PALMERTON, TAMMY 204 SOUTH COMMERCE AVE. SERRING, FL 3370 City FL Zp Code City FL Zp Cod						Nama	7. Name and A	ddress of New R	egistered A	gent	
B. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature Incomplete Inc	PALMERTON, TAMMY 204 SOUTH COMMERCE AVE.						(P.O. Box Number	is Not Acceptable)		
B. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature Signature Inches Inches Signature Inches Signature Inches Signature Inches Inc										Zip Code	e
SIGNATURE Signature hoed or protect agent and tille if applicable (NOTE Registered Agent signature required when revisibling) (DATE	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 accept										
### FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 10.	· ·	Ŭ		and title if amilicable (NC	TF Remistere	ed Agent signature required	d when reinstational		DATE		
### Added to Fees 10.		0.9.0.0.0.1,000	, , , , , , , , , , , , , , , , , , ,								
TITLE NAME PALMERTON, KENNETH PALMER STREET ADDRESS CITY-ST-ZIP TITLE T	FILE NOW::: FEE 13 \$ 150.00										
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		nortify that th	e information supplied with	this filing does not quelify f			ection 119 07/3\6\	Florida Statutos I	further certi	fy that the in	ntormation

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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other/fixe empowered.