2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2005 08:00 AM Secretary of State

Type Country Zp Country Sp. 3045752 Inter Application Sp. 35-3045752 Inter Application Sp. 35-30457	1. Entity Name	MENT # P0000005 EXPORT UNLIMITED, IN					2	secrei	ary o	oi Sta
Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State Country Zip Country Zip Country Zip Country Zip Country Zip Country Appetit Fig. 39-30457552 See Suite Apollicate Sanda Address of Current Registered Agent 7. Name and Address of Status Desired \$35.75 Auditions of Status Desired \$4. FET Number See Suite Sui	PO BOX 4532	214	PO BOX 453214	745			-			
City & State Ci	2. Principal Pl	ace of Business	3, Mailing Address							
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SAND, S. 2400 SMITH ST., BLDG. 1 #3 KISSIMMEE, FL 34744 City FL Zip Code 8. The above named entry 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 ac the obligations of registered agent. SIGNATURE SIGNATURE SIGNATURE SAND, S. This above named entry 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 ac the obligations of registered agent. SIGNATURE SIGNATUR	City & State		City & State	City & State						`
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SAND, S. 2400 SMITH ST., BLDG, 1 #3 KISSIMMEE, FL 34744 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and an the obligations of registered agent, are the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and an the obligations of registered agent are the Eupstace. SIGNATURE: Spream, typed or prints name of registered agent are the Eupstace. POTE Registered Agent Agreets agree the Addition of Plorida Agent Agreets agree the Addition of Plorida Agent Agreets agree the Addition of Plorida. FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00 OFFICERS AND DIRECTORS Trust Fund Contribution. Deeds Trust NAME SAND, S. STREET ADDRESS ORY-57-2P FOR BOX 453214 Ory-57-2P TRUE NAME STREET ADDRESS ORY-57-2P TRUE STREET ADDRESS ORY-57-2P TRUE NAME STREET ADDRESS ORY-57-2P TRUE STREET ADDRESS ORY-57-2P TRUE STREET ADDRESS ORY-57-2P TRUE NAME STREET ADDRESS ORY-57-2P TRUE STREET ADDRESS		6. Name and Address of Curre	ent Registered Agent	No.		7. Name and	Address of New	Registered A	gent	
B. 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 active chiggalons of registered agent. In the chigalons of registered agent. In the State of Florida. I am familiar with, and active chigalons of registered agent. In the State of Florida. I am familiar with, and active chigalons of registered agent. In the State of Florida. I am familiar with, and active chigalons of registered agent, or both, in the State of Florida. I am familiar with, and active chigalons of registered agent, or both, in the State of Florida. I am familiar with, and active chigalons of registered agent, or both, in the State of Florida. I am familiar with, and active chigalons of registered agent, or both, in the State of Florida. I am familiar with, and active chigalons of registered agent, or both, in the State of Florida. I am familiar with, and active chigalons of registered agent, or both, in the State of Florida. I am familiar with, and active chigalons of the State of Florida. I am familiar with, and active chigalons of the State of Florida. I am familiar with, and active chigalons of Florida. I am familiar with, and active chigalons of Florida. I am familiar with, and active chigalons of Florida. I am familiar with, and active chigalons of Florida. I am familiar with, and active chigalons of Florida. I am familiar with, and active chigalons of Florida. I am familiar with, and active chigalons of Florida. I am familiar with, and active chigalons of Florida. I am familiar with, and active chigalons of Florida. I am familiar with, and active chigalons of Florida. I am familiar with and active chigalons of Florida. I am familiar with and active chigalons of Florida. I am familiar with and active chigalons of Florida. I am familiar with and active chigalons of Florida. I am familiar with a dicted of Pamiliar with an addicted of Scota chigalons of Florida.	2400 SMIT		. · · · · ·			P.O. Box Numb	er is Not Acceptab	le)		
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