2005 FOR PROFIT CORPORATION					FILED Jan 18, 2005 08:00 AM Secretary of State		
1. Entity Nam	MENT # P0000009374	19		!	Secre	tary of State	
SUITE G-5	NERLINE ROAD	Aaiting Address 4100 N. POWERLINE ROAD SUITE G-5 POMPANO BEACH, FL 33073					
DO NOT WRITE IN THIS SPACE				Clinitities Clinitities <thclinitities< th=""> <thclinitities< th=""></thclinitities<></thclinitities<>			
4100 N. P SUITE G-	6. Name and Address of Current Regi EDWARD F JR OWERLINE ROAD 5 D BEACH, FL 33073	DO NOT WRITE IN THIS SPACE					
the obligat SIGNATURE	named entity submits this statement for the ions of registered agent. Signature, typed or printed name of registered agent and ut E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00		Agent signature required		, in the State of Flo	ida. I am familiar with, and accept	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECTORS D HOLMAN, EDWARD JR. 4100 N. POWERLINE ROAD, SUITE G-5 POMPANO BEACH, FL 33073			U00000183741 01/20/05-80001-022 150.00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE CONTRACT OF			DO NOT WRITE IN THIS SPACE			
ITULE NAME STREET ADDRESS CITY-ST-ZIP THLE NAME STREET ADDRESS	2						
CITY-S1-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in decision 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and adcurate 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 ecciver or rustee empoyered to fixed the this feport as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachting it with an address, with all or ervice empowered. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER ON DIRECTOR Date D							