## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)



Apr 28, 2003 8:00 am Secretary of State

1. Entity Nat	me	# P0000011 DNEYBROOK, IN	·			N. Control of the Con	04-28-200:	3 91 429 00	J6 ***13	50.00
Principal Place of Business 10707 CLAY RD. HOUSTON, TX 77041		Mailing Address 10707 CLAY RD. HOUSTON, TX 77041	10707 CLAY RD.			COTITOIA				
2. Principal (	Place of Busin	ess	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES						
City & Sta	ite		City & State	-		4. FEI Numbe	65-1061241			oplied For ot Applicable
Zip		Country	Zip	Country		5. Certificate	of Status Desired	□ <b>\$</b>	8.75 Adı ee Require	ditional ed
	6. Name	and Address of Curre	nt Registered Agent			7. Name and	Address of New P	egistered Ap	ent	
C T CORPORATION SYSTEM				Name			-			
	TH PINE ISLA ON, FL 3332				Street Address	s (P.O. Box Numbe	r is Not Acceptable	<del>-</del>		<u> </u>
					City	<del></del>		FL	Zip Cod	e
8. The above the obliga	e named entity tions of registe	submits this statement ered agent.	t for the purpose of changing i	ts registere	led office or regist	tered agent, or bot	h, in the State of Fig		niliar with,	and accept
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SIGNATURE	Signature, typed	Or printed name of registered ag	Ancand title if applicable. (NC	TE Regionie	d Agent signature requir	ed when reinstating)		CATE		
Afte	Signature, typed of FILE NOVVI r May 1, 200	o primed name of negistered ag J. FEE IS:\$150,00 3 Fee will be \$550 ( Florida Departmen	30	TE: Registere	d Agant≑ignature raquir	9. Ele	ction Campaign Fin st Fund Contributio	ancing _		O May Be
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indicated on this report or supplied min mis ming does not quality for me 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 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Alan Burns Secretary/Treasurer

713-877-2447 Daytima Phone #