2003 FOR PROFIT CORPORATION

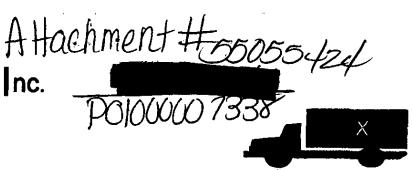
FILED Sep 02, 2003 8:00 am Secretary of State

8/1:

1. Entity Nam		0007338		08-15-2003 90081	. 030 ***150.00	
Principal Place of Business 115 WEST GRANT STREET ORLANDO FL 32806 Mailing Address 115 WEST GRANT STREET ORLANDO FL 32806 ORLANDO FL 32806			ef	E FRANCIS HA ARTON BOND COM COM CON CONT	-19206 11128 11121 1211 L881	
2. Principal F	Place of Business	3. Mailing Address				
Suite, Apt. #, etc. Su		Suite, Apt. #, etc.		CHECK HERE IF MAKING C	HANGES	
City & State		City & State		4. FEI Number 59-3691275	Applied For Not Applicable	
Zip	Country	Zio	Country	5. Certificate of Status Desired	8.75 Additional e Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
414 N. FE	AS DYER, ESQ. DERAL AVE.	ه د دوره خواسیات د دری	Name Street Address	s (P.O. Box Number is Not Acceptable)		
ORLANDO FL 32803			City	FL	Zip Code	
	e named entity submits this statement for t	he purpose of changing its	s registered office or regist	ered agent, or both, in the State of Florida. I am fam	niliar with, and accept	
SIGNATURE						
\.	Signature, typed or printed name of registered agent and	d titta if applicable (NO	TE: Registered Agent signature requi	red when reinstating) DATE	<u> </u>	
FILE NOW!!! FEE IS \$550.00 After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10.	OFFICERS AND D		11.	ADDITIONS/CHANGES TO OFFICERS AND D	IRECTORS IN 11	
NAME	PST MANEY, DAVID A 115 WEST GRANT STREET ORLANDO FL 32806	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MANEY, DON E 115 WEST GRANT STREET ORLANDO FL.32806 -	☐ Delcte	TITLE NAME STREET ADDRESSCITY-ST-ZIP		Change Addition	
TITLE		☐ Delete	TITLE	· · · · · · · · · · · · · · · · · · ·	Change Addition	
name Street address City-St-Zip			NAME STREET ADDRESS CITY-ST-ZIP	- <u>-</u>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CFTY-ST-ZIP		Change Addition	
ITILE Name Street address City-St-Zip		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition	
indicated of the corp	certify that the information supplied with the on this report or supplemental report is troporation or the receiver or trustee empower or on an attachment with an address with	ue and accurate and that r pred tolexecute this report	πy signature shall haive the as required by Chapter 60	section 119.07(3)(i), Florida Statutes. I further certify a same legal effect as if made under oath; that I am a 17, Florida Statutes; and that my name appears in Bio	that the Information an officer or director ock 10 or Block 11 if	

TruX Service Center, Inc.

115 W. Grant Street P.O. Box 560460 Orlando, FL 32806 (407)425-3654 (407)648-4650 FAX



August 12, 2003

To Whom it may concern,

This is the first notice that I have received no prior notice was sent. I request the late fee be waived.

David A. Maney
TruX Service Center,Inc.

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