2005 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # P01000023793



FILED Jan 25, 2005 8:00 am Secretary of State 01-25-2005 90054 024 ***150.00

1. Entity Nam CHRISTO		. MUCKERMAN			01 23 2003 .	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2. 130			
Principal Plac	e of Business	5	Mailing Address	Mailing Address					- 3001	1220
14 SUNTREE MELBOURNE				14 SUNTREE PLACE, SUITE 104 MELBOURNE, FL 32940						-
		, ,	T							
2. Principal P	flace of Busin	iess	3. Mailing Address	3. Mailing Address			[344] [44 44 44 44 44 44 44		\$)
Suite, Apt. #, etc. 105			Suite, Apt. #, etc.	105			01202005 Chg-P CR2E034 (10/03)			
City & State			City & State	City & State		4. FEI Number Applied For 59-3700281 Not Applied			oplied For of Applicable	
Zìp		Country	Zip	Cour	ntry		of Status Desired		\$8.75 Add	
	6. Name	and Address of Curr	ent Registered Agent	ed Agent		7. Name and	d Address of New F	legistered		<u> </u>
		· E			Name					
MUCKEMAN, CHRISTORHER 551 INVERNESS AVE MELBOURNE, FL 32940					Street Address (P.O. Box Number is Not Acceptable)					
MELBOUR	NNE, FL 3	:i2940 :ii								
•		_		City				FL	Zip Cod	е
the obligat	tions of regist	lered agent.	nt for the purpose of changing	its register	ed office or regist	tered agent, or bo	oth, in the State of Flo	orida. I am	familiar with,	and accept
SIGNATURE	Signature, typed	or printed name of registered a	gent and title if applicable. (I	VOTE: Registere	ed Agent signature requi	red when reinstating)		DATE		
10-FIE		FEE IS \$150.00 5 Fee will be \$55				5.00 May Be dded to Fees		1	2 8 . m. 18	TO SECULATION
10. 44	·	OFFICERS A	ND DIRECTORS		Salakirád a	ADDITIONS	/CHANGES TO OFF	ICERS AN		
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12. I hereby certify that the information supplied with this filing does not qualify for the 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:

20/05 (321)253-2966