

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Aug 31, 2005 8:00 am
Secretary of State**

08-31-2005 90015 005 ***508.75

DOCUMENT # P01000028583		
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Principal Place of Business
4401 NE 17 AVE.
OAKLAND PARK, FL 33334

Mailing Address
4401 NE 17 AVE.
OAKLAND PARK, FL 33334

2. Principal Place of Business	3. Mailing Address		
Suite, Apt #, etc	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CROWE, WADE MICHAEL 4401 NE 17 AVE. OAKLAND PARK, FL 33334		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

08032005 Chg-P CR2E034 (10/03)

4. FEI Number
58-2610683 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CROWE, WADE MICHAEL 4401 NE 17 AVE. OAKLAND PARK, FL 33334		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

8. 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 accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing) DATE _____

FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD CROWE, WADE MICHAEL 4401 NE 17 AVE. OAKLAND PARK, FL 33334	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-25-5 954-805-1358
Date Daytime Phone #