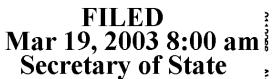
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)



1. Entity Nan 4227 INC	ne	# P0100	0036796				03-19-2003 90129 010 ***150.00				
Principal Place 4227 WILLIAM TAMPA FL 33	IS RD	s	Mailing Address 7345 SAND LAKE ROAD # 412 ORLANDO FL 32819								
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State			City & State			4. FE	4. FEI Number 59-3710944			Applied For Not Applicable	
Zip Country			Zip	Zip Country			5. Certificate of Status Desired See Required \$8.75 Additional Fee Required				
	6. Name	and Address of Current	Registered Agent	istered Agent			7. Name and Address of New Registered Agent				
	-				Name			3			1
QANNAS,							ss (P.O. Box Number is Not Acceptable)				
TAMPA FL	Liams Roai L 33610	y ·				··					1
					City			FL	Zip Cod	e	1
	named entit tions of regist		or the purpose of changir	ng its registere	ed office or regist	ered agen	, or both, in the State of Flor	ida. I am fa	miliar with,	and accept	1
SIGNATURE	Signature, typed	or printed name of registered agent	and title if applicable.	(NOTE: Registere	d Agent signature requir	ed when reinst	ating)	DATE			
After	r May 1, 200	! FEE IS \$150.00 03 Fee will be \$550.00 o Florida Department o	of State				9. Election Campaign Fina Trust Fund Contribution			0 May Be I to Fees	-
10.		OFFICERS AND	DIRECTORS	11,		ADDI	TIONS/CHANGES TO OFFI	CERS AND I	DIRECTORS	S IN 11	1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Qannas, 4227 Will Tampa Fl	Jamal Iams Road	Delete	TITLE NAM: STRE		ABBI	701070171102010011		☐ Change	Addition	100/01/1000
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						☐ Change	☐ Addition	100
TITLE NAME STREET ADDRESS CITY-ST-ZIP		-	_ Delete		~ ₹		m - Steen arm a		Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete					1	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	CITY-	ET ADDRESS ST-ZIP				Change	Addition	
indicated	on this room	t or cumplemental report is	this ming does not quall	ny ior the exer	npuon stated in S	ection 119	.07(3)(i), Florida Statutes. I i	urtner certif	y mat the in	iormation	ì

on this report or supplemental report is true and accurate and that my eignature 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 epoch 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:

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Daytime Phone #