FILED Mar 26, 2005 08:00 AM Secretary of State

\$ 3/22/05 \$ (904)634-1146

2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: 1

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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Principal Plan	ce of Business	Mailing Address		1				
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					5. Certificate of	Status Desired	\$8.7	5 Additional
	6. Name and Address of Current Re	neintered Ament			· · · · · · · · · · · · · · · · · · ·		Fee F	Required
	o. Name and Address of Current Ad	agistered Agent		-				. }
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JACKSON	VILLE, FL 32254				INI T	Luc en	AOF	
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8 The above	a named entity submits this statement for t	ho ourgoen of chancin	0 30 40 010104			- <u> </u>		
the obliga	a named entity sportits this statement for the tions of registered agent.	ue barbose or cusingini	g its registere	ed office of registers	ed agent, or both,	in the State of Flor	rida. Fam familia	ar with, and accept
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SIGNATURE.	Signature, typed or printed name of registered agent and			Agent signature required	 			
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