\$2004 FOR PROFIT CORPORATION ANNUAL REPORT

Mailing Address

3. Mailing Address

DOCUMENT # P01000060442

Country

6. Name and Address of Current Registered Agent

ADAM ROSS LITTMAN, P.A.

1. Entity Name

1801 LEE ROAD

SUITE 320

Principal Place of Business

WINTER PARK, FL 32789

Suite, Apt. #, etc.

LITTMAN, ADAM R

203 MAJESTIC OAK DR

ALTAMONTE SPRINGS, FL 32714

B. The above named entity submits the

City & State

Zip

2. Principal Place of Business

FILED

CORPORATION REPORT			Jan 14, 2004 8:00 am Secretary of State				
12				01-14-2004 9			
Mailing Address 1801 LEE ROAD			44001692				
SUITE 320					-,-,-		*
WINTER PARK, FL 32789	1)	. (1986) (1987) (1988) (1988)	 1 111 . 1 1111 . 1 1111	. 	B) 8 (1) (1 (1 (1 (1 (1 (1 (1 (1 (1
Mailing Address							
Suite, Apt. #, etc.			01062004	Chg-P	CR2E03	4 (10/03)	
City & State			4. FEI Numbe			F- 	oplied For
Zip	Country		59-3735				ot Applicable
			5. Certificate of Status Desired S8.75 Additional Fee Required				
stered Agent			7. Name and	Address of New	Registered A	gent	
/ /	Name						
Street Address (F			P.O. Box Number is Not Acceptable)				
	 						
	<u> </u>		<u> </u>				
1	City				, FL	Zip Cod	le
purpose of changing its reg	gistered office or	register	ed agent, or both	, in the State of F	lorida. I am fa	miliar with	and accept
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e if applicable. (NOTE: Re	egistered Agent signatu				DATE		
e ii applicabie. (NOTE: Fx	Bylstereo Agent signatt	na rednisco	when reinstating)		UAIE	. Ci .	<u> </u>
Election Campaign Trust Fund Contribut			.00 May Be				
<u> </u>	udon	Auu					
CTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
☐ Delete	TITLE					☐ Change	Addition
	STREET ADDRESS	1302	1 /MOIM	, Dance	CONS	τ ,	
	CITY-ST-ZIP	WE	317 LAME	, FL 3	2751		
☐ Delete	TITLE			· -		☐ Change	Addition
	NAME CYDETY LOODEGO	}					
	STREET ADDRESS CITY-ST-ZIP						
☐ Delete	TITLE	<u></u>				☐ Change	☐ Addition
- Delete	NAME	1				LI CHANGE	L AUGINON

the obligations of registered age: SIGNATURE Signature, typed or print red agent and title if applicable. (NOTE: Registered Agent signature rec 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. OFFICERS AND DIRECTORS 10. 11. TITLE n ☐ Delete TITLE LITTMAN, ADAM R NAME NAME STREET ADDRESS 203 MAJESTIC OAK DR STREET ADDRESS ALTAMONTE SPRINGS, FL 32714 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TIT) F NAME NAME STREET ÁDDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change TITLE TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change * Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP * Delett TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Img does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information and arourate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if the inke empowered. 12. I hereby certify that the information supplied with this indicated on this report or supplemental report is fit as a of the corporation or the receiver or trustee employered changed, or on an attachment with an andress with all SIGNATURE: _ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR