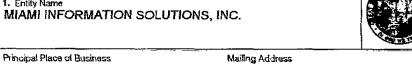
2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000062686

1. Entity Name

5409 NW 74 AVE.

MEDLEY, FL 33166



5409 NW 74 AVE.

MEDLEY, FL 33166

FILED May 04, 2005 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

05022005 No Chg-P CR2E034 (10/03)

4.	FEI Number 65-1116835	 Applied For Not Applicable
5.	Certificate of Status Desired	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CAMPEN, GEOFFREY W 7876 NW 170 TERR. MIAMI, FL 33015

SIGNATURE:

DO NOT WRITE IN THIS SPACE

The above the obligation	named entity submits this statement for the lons of registered agent.	purpose of changing its registere	d office or re	egistered agent, or bo	oth, in the State of Florida. I am far	niliar with, and accept	
SIGNATURE	Signature, typed or partied name of registered agent and title	If applicable (NOTE Registered	Agorit algnature	required when tokistating)	DATE		
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees					
10. OFFICERS AND DIRECTORS							
title Name Street Address City-St-Zip	PS CAMPEN, GEOFFREY W 5409 NW 74 AVE. MIAMI, FL 33166						
HILE Name Street address City-St-Zip					U00000350899 05/05/05-80055-0	01 150.00	
TITLE NAME STREET ADDRESS CITY-SI-ZIP				DO	NOT WRITE	-	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		-	-	IN '	THIS SPACE	·	
TITLE NAME SIREET ADDRESS CITY-SI ZIP							
TITLE NAME STREET ADDRESS CITY-ST ZIP						·	
12. If ereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this report or suppliemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director.							

Geoffrey Campen pres