2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 14, 2005 8:00 am Secretary of State 02-14-2005 90076 006 ***150.00

See Name and Address of Current Registered Agent 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 8. The above named entity submits this statement for the purpose of changing its registered agent. 8. The above named entity submits this statement for the purpose of changing its registered agent. 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Porda. 9. Election Campaligh Financing 8. Stood Agent agents agent	DOCUMENT # P01000063930 1. Entity Name LERANI, INC.						02-14-20	005 90076 00	6 ***	*150.00
Suite, Apt. #, etc. City & State See Required Fee Required Fe	13220 P.C. E	BEACH PKWY	P.O. BOX 19404	P.O. BOX 19404		1 12411821 111 8	RITI IIGN STIN 2017 251			
City & State A FEI Number 59-3731564 A FEI Number 59-3731564 Nor Applied Fr. Nor Applied Fee Required B. Name and Address of Current Registered Agent TEHRANI, H.T. 13109 OLEANDER DR PANAMA CITY BEACH, FL 32407 City City FL Zip Code B. The above named antity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and acc the obligations of registered agent. Signature, hyerd or preted remored registered agent and the flexibilities. City FL Zip Code B. The above named antity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and acc the obligations of registered agent. Signature, hyerd or preted remored registered agent and the flexibilities. City FLE NOWITH FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Thus Fund Contribution. Delta MALE SIRELI ADDRESS CITY ST-2P PANAMA CITY BEACH, FL 32417 TITLE NAME SIRELI ADDRESS CITY ST-2P C	2. Principal P	face of Business	3. Mailing Address	. Mailing Address						
City & State City & State City & State City & State Country Country Country 5. Certificate of Status Desired Fee Required Fee Re	Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		02072005	Cha-P	CR2E034 (10	/03)	
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S. Name and Address of Current Registrated Agent TEHRANI, H.T. 13109 OLEANDER DR PANAMA CITY BEACH, FL 32407 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 accident the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS II. ITILE PS THERANI, H T P.O. BOX 19404 THERANI, H T P.O. BOX 19404 THERANIA CITY BEACH, FL 32417 THE Delate TREE NOMES SIRET ADDRESS CITY-SI-ZP TITLE Delate TITLE DELATE TITLE Delate TITLE Delate TITLE Delate TITLE Delate TITLE Delate TITLE DELATE TITLE TITLE DELATE TITLE DELATE TITLE DELATE TITLE DELATE TITLE DELATE TITLE TITLE DELATE TITLE DELATE TITLE TITLE DELATE TITLE DELATE TITLE TITLE	Zip Country		Zip	Zip Country			•	□ \$8.7 !		Applicable tional
TEHRANI, H.T. 13109 OLEANDER DR PANAMA CITY BEACH, FL 32407 City FL Zip Code		C. Name and Address of Comment	Designation of Access	<u> </u>	1	<u>l</u> .		Fee Re	duired	
Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		6. Name and Address of Current	Registered Agent		Name	7. Name and A	LOGITESS OF NEW H	ogistered Agent		
City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acc the obligations of registered agent. SIGNATURE Signature, hyseld or princed name of registered agent and the # applicable. (NOTE: Registered Agent signature required when retratishing) DATE FILE NOWIII FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PS TEHRANI, H T THEANI, H T THEANIN ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME LEE, DEL W NAME STREET ADDRESS CITY-ST-ZP TITLE NAME ST	13109 OLEANDER DR				Street Address (P.O. Box Number is Not Acceptable)					
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 accidence to be obligations of registered agent. SIGNATURE Signature, typed or pritted name of registered agent and after it applicable.	1700/1100	5/11 BB (6/1, 1 E 32-0)			City	· · · · · · · · · · · · · · · · · · ·		C ₄ Zip	Code	
SIGNATURE Signature, typed or printed rame of registered agent and site if applicable. (NOTE: Registered Agent algoritable required when rematating) PILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Prist Fund Contribution	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 acceptable agent.									
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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 direct.	NAME STREET ADDRESS CITY-ST-ZIP	artific that the information and its		NAM STRE CITY	E EET ADDRESS -ST-ZIP	Coation 140 07/00***	Slocido Contra			Addition

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

2-10-05 (850)960-0007

Daytime Phone #