## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 22, 2005 08:00 AM Secretary of State

	A	NNUAL	REPORT_	_ : =	<i>F</i>	Apr 22, 2	รถกว ก	o:uu Aivi
1. Entity Nan	MENT # PO		· †		Secretary of			
15 CYPRESS BRANCH WAY 1: SUITE 203 SI		Mailing Address 15 CYPRESS BRANCH WAY SUITE 203 PALM COAST, FL 32164						
C	о пот	WRITE	IN THIS SP	ACE	02272005 4. FEI Numbe 58-263	No Chg-P	CR2E034	#14
	6. Name and Add	iress of Current Rec	istered Agent	·:F \"				riequired
15 CYPRE SUITE 203 PALM CO.	AST, FL 32164	ΑΥ			IN 7	NOT W	PACE	
the obliga	e named entity submits trons of registered age	s this statement for the ent.	e purpose of changing its reg	istered office or register	red agent, or bol -	th, in the State of Flo	orida. I am fami	liar with, and accept
SIGNATURE.	Signature, typed or printed no	erne of registered agent and t	itle it applicable. (NOTE, Re	gistered Agent signature required	I when reinstating)		DATE	<u> </u>
	E NOW!!! FEE IS ay 1, 2005 Fee v		9. Election Campaign Trust Fund Contribu		.00 May Be ed to Fees		·	
10.		OFFICERS AND DIR	ECTORS,					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PALM COAST, FL	ANCH WAY, SUIT	E 203				1353630	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GAZZOLI, NICOL 15 CYPRESS BR PALM COAST, FL	ANCH WAY, SUIT	E 203			04/22/05	-80065-0(	36 150 <b>.</b> 00
TITLE NAME STREET ADDRESS CITY-ST-ZIP					DO	NOT W	RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-SI-ZIP					<del>.</del>			
TITLE NAME								

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 director of the corporation of the receiver or trustee empowered to exporte this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or go an attachment with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4 25/05

382-445-21W

Daytime Phone #