## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jul 05, 2005 08:00 AM Secretary of State

5. Name and Address of Current Registered Agent  WILLNER, ROBIN I LEOPOLD, KORN & LEOPOLD, P.A. 20801 BISCAYNE BL-VD, SUITE 501 HOLLYWOOD, FL 33019  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 accept the obligations of registered agent.  SIGNATURE    Supature, hipsel or printed name of registered agent and tile if applicable.   NOTE Registered Agent synaure required when reinfaction   DAIE.      FILE NOW!!! FEE IS \$150.00     Due by September 7, 2005     Due	1. Entity Nar	MENT # P010000714	408			Secretary of State	
DO NOT WRITE IN THIS SPACE    Applied For 65-1128662   Applied For 65-1128662   No Chg-P CR2E034 (10/03)   Applied For 65-1128662   No Chg-P CR2E104 (10/03)   Applied For 65-	Principal Pla	ce of Business	Mailing Address		]		
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A. FEI Number 65-1128662  S. Name and Address of Current Registered Agent  WILLNER, ROBIN I LEOPOLD, KORN & LEOPOLD, P.A. 2080 I BISCAYNE BLVD, SUITE 501 HOLLYWOOD, FL 33019  8. The above named entity automits 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 accept the obligations of registered agent.  SIGNATURE  Signature. Speed of printed agent and 55 if applicable.  PILE NOWIII FEE IS \$150.00  Due by September 7, 2005  9. Election Campalgn Financing Trust Fund Contribution.  10. OFFICERS AND DIRECTORS  10. OFFICERS					[	ill Bulai ilust nutii valii valii valii sulii involiikki nigit haist iniivolit ilinut	
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12. I hereby certify that the information supplied with this filling 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 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: