FILED Jun 18, 2003 8:00 am Secretary of State 04-09-2003 90199 028 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

UNIFORM BUSINESS REPORT (UBR)					
DOCUMENT # PO 100000 1. Entily Name Weston Tutori	082564 B				
DO NOT WRITE	IN THIS SE	55048648			
2. Principal Pipee of Business 3. 8 MATICA TIACE # 176 318 LACTION TO Suite, Apt. #, etc.		Trace # 140	DO NOT WRITE IN THIS SPACE		
City & State Weaton FL	City & State Whoton	1	4. FEI Number 65 - 11 3 5 3 2 1	Applied For Not Applicable	
Zió Country	33338	Country		\$8.75 Additional	
33326	133366		7: Name and Address of Current Registered	Fee Required 1 Agent	
DO NOT WRITE IN THIS SPACE			s (P.O. Box Number is Not Acceptable)		
			iress (F.O. bux Number is Not Acceptable)		
IN THIS STAGE		City	City E Zip Cod ^a		
8. The above named entity submits this statement for the our ose of changing its registers					
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 Symptom or primed with of regular congett of	Control of the Contro	Registered Agent Signature required	d when remainson) DATE		
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State		, 4 *	Section Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10. OFFICERS AND D					
STREET ADDRESS 1480 Seabon Road ST		title Name Street address City-St-Zip	,	CRZE034B (12/02	
TITLE . NAME - STREET ADDRESS CITY-ST-ZIP		111LE NAME STREET ADDRESS C11Y-S1-ZIP		CRZE	
NAME NAME NAME STREET ADDRESS STREET		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRIT	ΓE	
		ME	IN THIS SPAC	· ······· ····························	
NAME STREET ADDRESS CUTY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP.			
TITLE NAME		TITLE NAME			
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST- ZIP	•		
MAME,		TIPLE HAASE			
STREET ADDRESS		STREET ADDRESS			
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 eath; 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 on an attachment with an address, with all other like empowered.					
SIGNATURE SOL 45-03					
SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR Using Dayor Phane &					