## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

1. Entity Nan	MENT # P0100009010	05			500	cretary or state
901 E, NEW	HAVEN AVE.	Mailing Address 901 E. NEW HAVEN AVE. MELBOURNE, FL 32901				
Ε	OO NOT WRITE I		CE	03122005 <b>4.</b> FEI Numb 59-374	No Chg-P	CR2E034 (10/03)  Applied For Not Applicable  \$8.75 Additional Fee Required
901 E. NÉ	DARLENE M W HAVEN AVE. RNE, FL 32901	stered Agent	DO NOT WRITE IN THIS SPACE			
the obligat	named entity submits this statement for the ions of registered agent.  Signature, typed or printed name of registered agent and title  E NOW!!! FEE IS \$150.00		Agent signature required	<u> </u>	th, in the State of Florid	Ja. I am familiar with, and accept
After M.  10.  DULE  NAME	OFFICERS AND DIRECT DEFICERS AND DIRECT DEFICERS AND DIRECT DEFICERS AND DIRECT DEFICE		L) Adule	ed to Fees		
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	3434 LAWN BROOK CT. MELBOURNE, FL 32934	·			U000003 04/22/05-8	22797 0027-020 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP					NOT WE	Į.
NAME STREET ADDRESS CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·		IN	THIS SPA	ACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	. <del></del>	<del></del>		and the second s		
TITLE Name Street address City-St-Zip		<u> </u>				
<ol> <li>I hereby of indicated of the corrections</li> </ol>	ertify that the information supplied with this fi on this report or supplemental report is true a poration or the receiver or trustee empowere or on an attachment with an address, with al	iling does not qualify for the exen and accurate and that my signati d to execute this report as requir ligther like empowered.	nption stated in Secure shall have the state of the state	ction 119.07(3)( ame legal effect Florida Statute	(i), Fiorida Statutes. I fu it as if made under oat is; and that my name a	rther certify that the information h; that I am an officer or director ppears in Block 10 or Block 11 if