2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 16, 2005 08:00 AM Secretary of State

1. Entity Name	MENT # P0100010826	66		Secretary of Sta	116
4095 RAULER	RSON DR	Aailing Address 4095 RAULERSON DR LAKE WORTH, FL 33463			
D	O NOT WRITE I		CE	03042005 No Chg-P CR2E034 (10/03) 4. FEI Number	
STEELE, JOHN R 4095 RAULERSON DR_ LAKE WORTH, FL 33463			DO NOT WRITE IN THIS SPACE		
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 Signature, typyfor printed name of registered agent and litle if applicable (NOTE, Registered Agent signature required when reinstaling) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees					
NAME STREET ADDRESS	OFFICERS AND DIRE DP STEELE, JOHN R 4095 RAULERSON DR LAKE WORTH, FL 33463	CTORS		U00000265135 03/16/05-80042-019 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·		DO NOT WRITE	
NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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 director of the corporation or the receiver or tripstee 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 SIGNATURE/AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Date Description of the proper of					