2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 30, 2005 8:00 am Secretary of State

Principal Place of Business Mailing Address 5		
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717 E OAK STREET KISSIMMEE, FL 34744 KISSIMMEE, FL 34744		_
2. Principal Place of Business 3. Mailing Address		
Suite, Apt. #, etc. 03112005 Chg-P CR2E034 ((10/03)	
City & State 4. FEI Number 52-2358246	Applied For Not Applica	
Zip Country S. Certificate of Status Desired 5. Certificate of Status Desired Fee	.75 Additional	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agen	nt	
HARRY J SWART CPA		
717 E OAK STREET KISSIMMEE, FL 34744 Street Address (P.O. Box Number is Not Acceptable)		
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City FL 3	Zip Code	
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 familiate obligations of registered agent.	iliar with, and acce	ept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE		
FILE NOWILL FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees		\neg
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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 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 authors, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/05

Daytime Phone #