FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 17, 2002 8:00 am Secretary of State

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	DO NOT WRITE	E IN I HIS	SPAC	E		
2. Principal	Place of Business	3. Mailing Address				
3003 SOUTH HWY 77		<u> </u>				
Suite, Apt. #, etc. Suite, Apt. #, et					DO NOT WRITE IN THIS SPACE	
City & Sta		City & State			4 FE(A)	
LYNN	HAVEN, FL	Only a Glate			4. FEI Number 59-3758894	Applied For
Zip	Country	Zip	Count	try		Not Applicabl
3244	4				5. Certificate of Status Desired	\$8.75 Additional Fee Required
					Name and Address of Current R	
	DO NOT I			Name DIANE	C. HARE, C.P.A.	
DO NOT WRITE				Street Address (P.C	P.O. Box Number is Not Acceptable) S. HWY 77, SUITE A	
	IN THIS SI	PACE	<u> </u>	3003 5	S. HWY 77, SUITE	E A
		AUL	[,	
	•			City		Zip Code
			<u></u>	LYNN H	HAVEN	FL 232444
8. The above	a named entity submits this statement for	or the europea of about				
8. The above	e named entity submits this statement for	or the purpose of changing	j its registered	d office or registered	agent, or both, in the State of Florid	da.
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8. The above						
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (I	NOTE: Registered	Agent signature required whe		DATE
SIGNATURE 9. This corpo Tax filing re	Signature, typed or printed name of registered agent oration is eligible to satisfy its Intangible requirement and elects to do so.	and title if applicable. (I	NOTE: Registered	Agent signature required whe		DATE
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3. I nereby 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 grue 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 trusted endowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an analysis of the corporation of the information of the receiver or trusted endowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an analysis of the corporation of the receiver or trusted endowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #