FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 27, 2002 8:00 am Secretary of State

05-27-2002 90432 021 ***150 00

DOCUI	MENT #	Poloc	_	05-27-2002 904.	32 021 ***150.00				
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	DO NO	T WRITE	IN THIS SI	PACE					
2. Principal Port 1909 Suite, Apt.	ace of Busines Read I #, etc.		3. Mailing Address 1909 Read Suite, Apt. #, etc.	Hill Drive		DO NOT WRITE IN THIS SPACE			
City & State	rmerc	FL	City & State Windermer	e FL	4.	FEI Number 26 - 00 6 3	Applied For Not Applicable		
Zip 3418		Country USA	^{Zip} 34786	Country US A	5.	Certificate of Status Desired	\$8.75 Additional Fee Required		
	*******************************	et i de la compressa	Totaly, 2007 Call Links English	Name	_ 7, I	Name and Address of Current Registere	nd Agent		
	De	NOT W	RITE			ng S. Lee Box Number is Not Acceptable)			
		THIS SP	เมื่อใหม่เครื่องเหมือนสายเกิดเป็นเป็นเป็นเป็นเป็นเป็นเป็นเป็นเป็นเป็น	19	09 R	ed Hill Drive			
				C			7:- 0-4-		
				LITY WI	ndern	nere Fl	- Zip Code 34786		
8. The above	named entity si	ubmits this statement for	the purpose of changing its	registered office or	registered a	igent, or both, in the State of Florida.			
SIGNATURE _	Signature, typed or p	rinted name of registered agent a	nd title if applicable. (NOTI	ı E: Registered Agent signatu	re required when		12002		
Tax filing re		e to satisfy its Intangible I elects to do so.	After May	lay 1. Fee is \$150 1, Fee is \$550.00 d UBR is \$61.25 ble to Department		Election Campaign Financing Trust Fund Contribution. [\$5.00 May Be Added to Fees		
11.	Preciden	OFFICERS AND D	DIRECTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jung 1909 R	s. Lee leed Hill Drive here FL 34	e 19 <i>6</i>	TITLE NAME STREET ADDRESS CLITY-ST-ZIP					
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13. 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 11 or on an attachment with an address, with all other like empowered.

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NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

President

413012002

407-247-3722

Daytime Phone #