2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 30, 2005 08:00 A Secretary of State

3-38-05 467-484-2752

PATRICK, GENITA SIGNATURE S. The above named only submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the ediligations of registered agent approximately agent. S. Now the state of process agent of the statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the ediligations of registered agent. S. The above named only submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the ediligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the ediligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the ediligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the ediligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the ediligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the ediligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the ediligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the ediligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the registered agent. Or both, in the State of Florida. I am familiar with, and accept the registered agent. Or both, in the State of Florida. I am familiar with, and accept the registered agent. Or both, in the state of Florida. I am familiar with a familiar with and accept the registered agent. Or both, in the carried agent agent. Or both in the first agent agent. O	1. Entity Nam	MENT # P020000055	79			Secretary of St	
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PATRICK, GENITA 6964 POMPEII RD ORLANDO, FL. 32822 8. The above named writin submitte 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, or both. In the State of Florida. I am familiar with and accept the obligations of registered agent, or both. In the State of Florida. I am familiar with and accept the obligations of registered agent, or both. In the State of Florida. I am familiar with and accept the obligations of registered agent, or both. In the State of Florida. I am familiar with and accept the obligations of registered agent, or both. In the State of Florida. I am familiar with and accept the obligations of registered agent, or both. In the State of Florida. I am familiar with and accept the obligations of registered agent, or both. In the State of Florida. I am familiar with and accept the obligations of registered agent, or both. In the State of Florida. I am familiar with and accept the obligations of registered agent, or both. In the State of Florida. I am familiar with and accept the obligations of registered agent, or both. In the State of Florida. I am familiar with and accept the obligations of registered agent, or both. In the State of Florida State of Florida. I am familiar with and accept the obligations of Florida State of Florida. I am familiar with and accept the obligations of Florida State of Florida					03232005 4. FEI Numb 04-360	No Chg-P	
SIGNATURE SIGNATURE SIGNATURE SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution 9. Election Campaign Financing Trust Fund Contribution 10. OFFICERS AND DIRECTORS TRUST ADDRESS ORY-\$1.70 ORLANDO, FL 32822 DO NOT WRITE INLE MAME STREET ADDRESS ORY-\$1.70 TITLE MAME STREET ADDRESS ORY-\$1.70	6964 POM	GENITA PEII RD.					
After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution Added to Fees 10.	the obligations of registered agent						
TITLE NAME SPRETADDRESS SPRETADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-2P	FILE NOWILL FEE 19 \$ 150:00				55.00 May Be added to Fees		
STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TILL NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P PATRICK, GENITA 6964 POMPEII RD	RECTORS			U00000290903 03/30/05-80036-017 150.0 0	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS				DO	NOT WRITE	
CITY- ST-ZIP TITLE NAME STREET ADDRESS CITY- ST-ZIP 173. Learney contributes the information of the inf	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME				IN .	THIS SPACE	
indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it made under oath, that I am an officer or director. I	CHY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP	certify that the information supplied with the	s filing does not qualify for the exe	mption stated in	Section 119.07(3)	(i), Florida Statutes I further certify that the information of as if made under oath that I am an officer or director	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR