2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Feb 02, 2005 08:00 AM Secretary of State

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1. Entity Nan	MENT # P020000077	750 ***,**** ** *******		Secretary of State
Principal Place of Business Mailing Address PO BOX 1317 PO BOX 1317 CLEARWATER, FL 33757 US CLEARWATER, FL 33757 US				
DO NOT WRITE IN THIS SPACE				01202005 No Chg-P CR2E034 (10/03) 4. FEI Number Applied For 30-0047595 Not Applieable 5. Certificate of Status Desired \$8.75 Additional Fee Required
820 PINEL	6. Name and Address of Current Re CHARLES F LAS ST ATER, FL 33756	gistered Agent		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, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent alignature required when reinstating) DATE				
FILE NOW!!! 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				
TO. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DI PTD STEELE, VANESSA L PO BOX 1317 CLEARWATER, FL 33757 SVD STEELE, CHARLES F PO BOX 1317 CLEARWATER, FL 33757	RECTORS		U00000210236 02/02/05-80063-019 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE				DO NOT WRITE
NAME STREET ADDRESS CITY-ST-ZIP		, m		III 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 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 address, with all other like empowered.				
SIGNATURE: Vancous 1 81200 127647 1006				