## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## FILED Jan 14, 2005 08:00 AM Secretary of State

1-12-2005 AD7-876 0681

DOCUI  1. Entity Nam  TUBBY U		18		Secretary of State
Principal Plac 8831 BAY VI ORLANDO, F	LLA CT.	Mailing Address P.O. BOX 692245 ORLANDO, FL 32869-2245		
DO NOT WRITE IN THIS SPACE			CE	01112005 No Chg-P CR2E034 (10/03)  4. FEI Number
RUDMAN, MICHELLE 8831 BAY VILLA COURT ORLANDO, FL 32836				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 signature required when reinstating)  PATE  PILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  Trust Fund Contribution.				
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TITLE NAME STREET ADDRESS CITY -ST - ZIP	OFFICERS AND DIF D RUDMAN, MICHELLE 8831 BAY VILLA CT. ORLANDO, FL 32836	ECTORS		
TITLE NAME STREET ADDRESS CITY+ST-ZIP				01/14/05-80030-011 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			_	DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE
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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.				

URE AND THE OF PRINTED NAME OF SIGNING DEFICER OF DIRECTOR