2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 05, 2005 08:00 AM Secretary of State

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| S. Gerhard of Status Desired Foe Required MONVILLE, CAROL LYNN CPA 3737 SOUTH TUTTLE AVE. SARASOTA, FL 34239 Street Address (P O. Box Number is Not Acceptable) Street Address (P O. Box Number is Not Acceptable) City FL Zip Code City FL Zip Code S. The above named certify saternits this statement for the purpose of changing its registered agent, or both, in the State of Florad. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florad. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florad. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florad. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florad. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florad. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florad. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florad. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florad. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florad. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florad. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florad. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florad. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florad. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florad. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florad. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florad. I am familiar with, and | City & State | | City & State | City & State | | 1 | | | +- <u>'</u> ' | |
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| Name Name Street Address (P.O. Box Number is Not Acceptable) | | 6. Name and Address of Cur | rent Registered Agent | | | 7. Name and | Address of New R | | | |
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| City FL Zip Code | 3737 SOUTH TUTTLE AVE. | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| 8. The above named entity submits this attainment for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the colligations of registered agent. SIGNATURE | | • | | | City | | | FL Zip C | Code | |
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