FILED 2005 R-00 am

ANNUAL REPORT					Secretary of State		
DOCUMENT # P02000025769 1. Entity Name					04-04-2005 90081 016 ***158.75		
	FIREWORKS OF CONNE						
				TELES			
Principal Place of Business 204 E. MARTIN LUTHER KING JR. BLVD. TAMPA, FL 33603 Meiling Address 204 E. MARTIN LUTHE TAMPA, FL 33603			R KING JR. BLVD.		-		
2. Principal F	Place of Business	3. Mailing Address					
					011 50 1 111 81 110 11011 00111 00111 1	IRIII ABCIA 11884 AIII (BASA BISIN 1814 BI II INCI	
Suite, Apt. #, etc.		Suite, Apt. #. etc.		0314	2005 Chg-P	CR2E034 (10/03)	
City & State		City & State			Number - 0409515	Applied For Not Applicable	
Zip	Country	Zip	Country	-	tificate of Status Desired	\$9.75 Additional	
·	6. Name and Address of Currer	nt Registered Agent	<u> </u>	7 Nan	ne and Address of New		
			Name		<u> </u>	riagiotorea rigetti	
HUNNEWELL, SHARON L 204 E. MARTIN LUTHER KING JR. BLVD. Street Address				ddress (P.O. Box	Number is Not Acceptal	ple)	
TAMPA, FL 33603							
			City	- Andrew Control of Andrews		FL Zip Code	
8. The above	e named entity submits this statement	for the purpose of changing its	s registered office o	registered agent	or both, in the State of	Florida. I am familiar with, and accept	
the obliga	tions of registered agont.						
SIGNATURE	Signature, typed or printed name of registered ago	oli and ittle it applicable. (NO)	Er Registered Agent signat	ае падыней млеп напед	ating)	DVIE	
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$55(9. Election Campa Frust Fund Con		\$5.00 May Added to Fee	Be s	(
10.	OFFICERS AN	D DIRECTORS	1 11.	ADDI	TONS/CHANGES TO OF	FICERS AND DIRECTORS IN 11	
TITLE	PST	☐ Ociete	TITLE	VP	AUTO CITATO C	Change 7 7 3 ddition	
I IAME	HUNNEWELL, SHARON L		NAME STREET ADURESS	Ricky C		•	
CITY-ST-ZIP	AND 10 TAKES TO BE 10				F. MLH B/L KL 33603	٠4	
TITLE		☐ Delete	CITY-ST-7# TITLE	Janpo	75 33863	☐ Change ☐ Addition	
NAME		L total	NAME			Change Auditor	
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP		pated *	CHY-ST-ZIP				
NAME		Delete	TITLE NAME	•	· ·	Change	
STREET ADDRESS			STREET ADURESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Dolete	TITLE	120101		Change Addition	
NAME STREET ADDRESS			NAME				
CITY-ST-ZiP			STREET ADDRESS CITY-ST-ZIP				
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NAME			NAME			Last Printing (_1 modition	
STREET ADDRESS CITY-ST-ZIP	• • •		STREET ADDRESS CITY-ST-ZIP				
TITLE		Delete	THILE			[] Change [] 3,440:	
NAME		amil Digitie	HAME .	· '		Change Addition	

12. Thereby 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 offect 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:

SIGN

STREET ACORESS

CITY-SI-ZIP

STREET ADDRESS

CITY-ST-ZIP