FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # Po20000275 94

1. Entity Name

 T_{i}

SIGNATURE:



FILED Mar 12, 2004 8:00 am Secretary of State 03-12-2004 90011 043 ***158.75

3-09-04 Home No 727-862-0456

/ /14	ermo-lech (group, Inc	COD WE TO				
	DO NOT WRIT	E IN THIS SP	ACE				
2. Principal I	Place of Business	3. Mailing Address		- 1 1 1			5401850
451	7 Mile Stretch	DR 4517 /11	ile Strete	LDR			54017508
Suite, Apt	. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN	THIS SPAC	E
City & Sta		City & State / Coay	, FL		2-05 64613		Applied For Not Applicable
346	90 Country	34690	Country USA	5. C	ertificate of Status Desired	∡ \$8. Fee	75 Additional Required
				7. Nan	ne and Address of Current Regi	stered Age	ent
	TO NOT I	MOITE	Name -	James	D David		
	DO_NOT_V	better bet for earlier of the section of the	Street.Add	ress (PO. Bo	x Number is Not Acceptable)		
	IN THIS S	PACE					
			City 0	-16	ichey	FL 4	Zip Code ,
8. The above the obliga	e named entity submits this statemen tions of registered agent.	t for the purpose of changing its r	egistered office or re	egistered age	nt, or both, in the State of Florida.	;	34668 ar with, and accept
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE:	Registered Agent signature	required when rein	stating)	DATE	
	nuary 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Read Payable to Florida Department	of State			Election Campaign Financin Trust Fund Contribution.	ng 🔲	\$5.00 May Be Added to Fees
10.		ND DIRECTORS	and the second s	a series series of the		By a series with the series of	The second secon
TITLE	President		TITLE	27.18.16.16.16.16.16.16.16.16.16.16.16.16.16.			
NAME STREET ADDRESS	James D David 10539 Camelia		NAME STREET ADDRESS			and the second	
CITY-ST-ZIP	port Richey	FL 34668	CITY-ST-ZIP			ar in order in	
TITLE	Vice President		-TITLE			Fr tales	Secretary S
NAME STREET ADDRESS	Tey Ashby	D 4	NAME STREET ADDRESS			A. Salama	The state of the s
CITY-ST-ZIP	port Richer	=L 34668	CITY-ST-ZIP			All the second of	
TITLE .	Secretary		ITLE	e september 19		english Talk	
NAME STREET ADDRESS	Tey Ashby	· ~ ^	NAME STREET ADDRESS				_ Prince
CITY-ST-ZIP	port Richey	10 DK 1 34668	CITY-ST-ZIP		DO NOT W	RITE	
TITLE			TITLE		IN THIS SP	λΛE	
NAME STREET ADDRESS			NAME STREET ADDRESS	ø		MUL	K
CITY-ST-ZIP			CITY-ST-ZIP	ing is the middle to		in in the second	
TITLE		1 The American State of the Sta	TIFLE			erene ann a thairt. Tagairt agus an tagairt	The second secon
NAME STREET ADDRESS			NAME CODEET ANODECC				
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	PARTIES.			表现产生的
TITLE	_		TILE .			THE STATE OF	· · · · · · · · · · · · · · · · · · ·
NAME	,		NAME	n in high films of the		Silvey of Silvey	47 HA
STREET ADDRESS	1		STREET ADDRESS	(1) 6.4	明治分子 医多种大型的 獨一過二日	5. · · · · · · · ·	and the second

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 on an attachment with an address, with all other like empowered.