## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF

## FILED Apr 18, 2005 08:00 AM Secretary of State

1. Entity Nam	MENT # P02000043	714		Secretary of State
Principal Place 159 HARLAN LAKE HELEN		Mailing Address PO BOX 391474 DELTONA, FL 32739		
	OO NOT WRITE	IN THIS SPA	CE	03292005 No Chg-P CR2E034 (10/03)  4. FEI Number
			·	5. Certificate of Status Desired Fee Required
RENDINELLI, SCOTT 159 HARLAN AVE. LAKE HELEN, FL 32744  TO 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 time if applicable (NOTE Registered Agent signature required when reinstating)  DATE				
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.  9. Election Campaign Financing Added to Fees				
10.	OFFICERS AND	STRECTORS	-	The state of the s
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD RENDINELLI, SCOTT 159 HARLAN AVE. LAKE HELEN, FL 32744	· · · · · · · · · · · · · · · · · ·	The sales	
TITLE NAME STREET ADDRESS GITY-ST-ZIP			-	04/18/05-80:01-010 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		,		DO NOT WRITE
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	-, -, -, -		· · · · · · · · · · · · · · · · · · ·	
12. I hereby certify that the information supplied with this filling 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 correction or the receiver or trustee employeered to execute this report as required by Chapter 607. Florida Statutes, and that my name appears in Block 10 or Block 11 if				