FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR),

DOCUMENT # P02 000051582 C-WALLEY, INC.

FILED May 05, 2003 8:00 am Secretary of State

05-05-2003 92130 001 ***600.00

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2 Principal P	lana of Business	3. Mailing Address	3 Mailing Addrson						
1324	lace of Business SWYYAVL.	SAME	SAME						
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
Pintation, FL		City & State	City & State			3660	349	Applied For Not Applicable	
3°33,	17 Country U.S	Zip**`	Country		5. Certificate	e of Status Desired	- □\$	8.75 Additional e Required	
				7. Name and Address of Current Registered Agent					
A STATE OF THE STA			Name						
	DO NOT I		Street Address (P.O. Box Number is Not Acceptable)			ple)			
Market Anna Carlotte	IN THIS S	PACE					7.3		
			City				FL	Zip Code	
8. The above	named entity submits this statemer	nt for the purpose of changing its	registered office	or registered	agent, or bo	oth, in the State of	Florida. I am fam	illiar with, and accept	
the obligati	ions of Affisteled agent.					 			
SIGNATURE .)in:*	thing the	-	
Jan	Mary 1 - May 1 Fee Is \$150.00	gent and title if applicable. (NOTE	: Registered Agent sign	ature required wh	nen reinstating)	······································	UAIL		
After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State					I	ection Campaign F ust Fund Contribut		\$5.00 May Be Added to Fees	
10.	OFFICERS A	ND DIRECTORS		o o o o o o o o o o o o o o o o o o o	The second secon				
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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.

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14/27/03(954)797-02

CR2E034B (12/02)