FOR PROFIT CORPORATION

**UNIFORM BUSINESS REPORT (UBR)** 

DOCUMENT # P02000 63742

1. Entity Name A TH DIEST TWO.

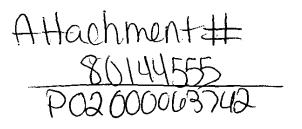
**FILED** Sep 05, 2003 8:00 am Secretary of State 09-05-2003 90115 046 \*\*\*150.00

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DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business		3. Mailing Address PO Boy 2215			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State Stuta Rosa Beach, Abrida Stuta		City & State State Rosa Bu	each, Morida	4. FEI Number 04 368 6967	Applied For Not Applicable
Zip 32454	Country	Zip 32459	Country	5. Certificate of Status Desired	8.75 Additional
	or Manus (1917), a statement of the stat	· · · · · · · · · · · · · · · · · · ·	Name N	7. Name and Address of Current Registered	Agent
DO NOT WRITE			Street Address (R.Q. Boy (Number is Not Acceptable)		
IN THIS SPACE					
City Santa Rosa Bouch FL Zip Code 9					
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 polyted name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  831 03  DATE					
After Ma Amend	May 1 Fee is \$150.00 y 1, Fee is \$550.00 ed UBR is \$61.25 to Flortda Department of	State		9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
10.	OFFICERS AND I	DIRECTORS	TITLE	•	
NAME 1 1	an What Call	7100 da 32459	NAME STREET ADDRESS CITY-ST-ZIP		
TITLE Sec	retory	7100da32459	MTLE		
NAME STREET ADDRESS CITY-ST-ZIP	same)		NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME		— <u> </u>	TITLE NAME		
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		area property of the
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.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

850-622-5174



August 31, 2003

Florida Department of State

To whom it may concern:

I called your office looking for my annual UBR form/notice in August. I am a new corporation formed last June '02 – AJM Quest, Inc. I called because I never received a notice or form, and my accountant told me I had a fee to pay. Your office sent me this form following my phone call in August.

The purpose of this letter is to tell you that I never received any information from you, and I was told to document this and send in the original fee of \$150.00 due prior to May 31, '03.

I appreciate your cooperation in this matter. If you wish to speak to me about this further, please call me at 850-585-5496.

Sincerely,

Alice J. McCall

President,

AJM Quest, Inc.