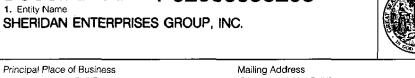
2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

P02000096208 **DOCUMENT #**







C/O WAYNE M. LEVINE. P.A. 777 LANTANA ROAD LANTANA FL 33462		C/O WAYNE M. LEVINE, P.A. 777 LANTANA ROAD LANTANA FL 33462				
2. Principal F	Place of Business D. W. Colonial Drive	3. Mailing Address 12200 W. Colonia	al brive			
Suite, Apt.	#, etc. te 300	Suite, Apt. #, etc. Suite 300		☐ CHECK HERE IF MAKING CHANGES		
City & Stat	fer Garden, FL	City & State Winter Garden,	FL	4. FEI Number Applied For 11-3453207 Not Applicable		
Zip 3478	Country	34781	untry	5: Certificate of Status Desired See Required		
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agen						
CORPORATE CREATIONS NETWORK, INC. 941 FOURTH STREET #200			Street Addres	Name Michelle S. Woyley CPA Street Address (P.O. Box Number is Not Acceptable) Ve 12200 W. Colonia Drive		
MIAMI BEACH FL 33139			Suite 200			
			0.1	Winter Garden FL 2136981		
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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees		
10.	OFFICERS AND D	IRECTORS 1	1,	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS ' CITY-ST-ZIP	D Sheridan, Linda 777 Lantana Road Lantana FL 33462	N.	TLE AME TREET ADDRESS 122 ITY-ST-ZIP	© Change ☐ Addition \$200 W. Colonial Drive, Suite 300 Dimter Garden, FL 34787		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHERIDAN, JAMES 777 LANTANA ROAD LANTANA FL 33462	N.	TLE	© Change □ Addition & Suite 300 Dinter-Garden, FL 34787		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		N/ . st	TLE AME Freet address ITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		N.	TLE AME TREET ADDRESS TY-ST-ZIP	. Change Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		N/ ST	TLE AME IREET ADORESS TY-ST-ZIP	Change Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		N/ ST	TLE AME FREET ADDRESS TY-SI-2IP	☐ Change ☐ Addition		
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 Block 11 if chapter does not appear to the component with an address with all other like empowered.						

SIGNATURE: