


## 2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # P02000097763</b> 1. Entity Name 2316 SOUTH DIXIE, INC.	
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FILED  
05 MAY 16 PM 4: 01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business C/O PEDRO MORRISON 222 LAKEVIEW AVE PH5 WEST PALM BEACH, FL 33401	Mailing Address C/O PEDRO MORRISON 222 LAKEVIEW AVE PH5 WEST PALM BEACH, FL 33401
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2. Principal Place of Business <i>2316 S Dixie Hwy</i>	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04292005    Chg-P    CR2E034 (10/03)

City & State <i>West Palm Beach FL</i>	City & State	Zip <i>33401</i>	Country <i>USA</i>
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4. FEI Number <b>68-0525846</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent MORRISON, CARLOS 222 LAKEVIEW AVE., PH5 WEST PALM BEACH, FL 33401	7. Name and Address of New Registered Agent Name <b>Joel P. Koepfel, Esquire</b> Street Address (P.O. Box Number is Not Acceptable) <b>525 South Flagler Drive</b> <b>Suite 200</b> City <b>West Palm Beach</b> <b>FL</b> Zip Code <b>33401</b>
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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]*    **5/4/05**  
Signature, typed or printed name of registered agent and title if applicable.    (NOTE: Registered Agent signature required when reinstating)    DATE

<b>Amended AR is \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME	PTSD MORRISON, CARLOS	<input type="checkbox"/> Delete	TITLE NAME	<div style="text-align: right; font-size: small;">                     000055377800    <input type="checkbox"/> Change    <input type="checkbox"/> Addition                      05/26/05--01062--009    <b>**\$61.25</b> </div>	
STREET ADDRESS	222 LAKEVIEW DR PH5		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33401		CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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 changed, or on an attachment with an address, with all other like exemption.

SIGNATURE: *[Signature]*    **CARLOS MORRISON**    **5-5-2005**    **561-832-6070**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #