FILED Apr 18, 2003 8:00 am Secretary of State

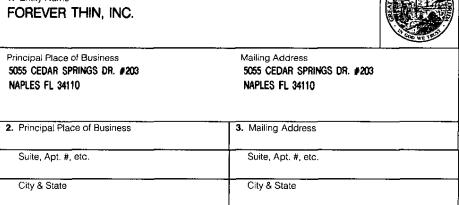
04-18-2003 90115 011 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P02000116802

1. Entity Name



2. Principal Place of Business Suite, Apt. #, etc. City & State			3. Mailing Address				I 1891/1891 III 1881/8 SIRII ARIKI BENJA BENJA NABU KIRIB ENION NENIA BENJA IKO 1881					
			Suite, Apt. #, etc. City & State				☐ CHECK HERE IF MAKING CHANGES					
						4. FE	4. FEI Number			Applied For		
									No	t Applicable		
Zip		Country	Zip	(Country	5. Ce	ertificate of Status Desired		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent						
		The state of the s	a management		Name *	′೯೯ ಕು ನಿನೇವರ	· · · · - · · · ·					
BUSINESS FILINGS INCORPORATED				Street Address (P.O. Box Number is Not Acceptable)								
1000 WEST AVENUE				Olicel At	ualess (1.0. bb/		<u> </u>					
SUITE 11	14											
MIAMI BEACH FL 33139				City				Zip Code				
					City			FL	Zip Code	•		
	e named entity tions of registe		the purpose of chang	ng its regi	stered office or	registered ager	nt, or both, in the State of Flo	rida. I am fan	niliar with, a	and accept		
SIGNATURE		r printed name of registered agent an	d title if applicable.	(NOTE: Reg	istered Agent signatu	ure required when rein	slating)	DATE				
Afte	r May 1, 200	FEE IS \$150.00 3 Fee will be \$550.00 Florida Department of	State			,	Election Campaign Fin Trust Fund Contribution	~ ~		May Be to Fees		
10. OFFICERS AND DIRECTORS 11.			11.	ADD	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11							
TITLE	D		☐ Delete	I	TITLE				Change	☐ Addition		
NAME	PEDERSON				NAME							
STREET ADDRESS		AR SPRINGS DR. #203		ı	STREET ADDRESS							
CITY-ST-ZIP	Naples fi	_ 34110			CITY-ST-ZIP							

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEDERSON, LINDA 5055_CEDAR SPRINGS DR. #203 NAPLES FL 34110	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M)	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	7,97		****		Change	Addition
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TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS					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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINE PLANT PED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR 4/16/2003 239-593-039

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