


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2005 8:00 am**  
**Secretary of State**

04-26-2005 90146 049 \*\*\*150.00

|  |                                  |  |                          |        |  |                      |                          |                |                         |  |                 |                                  |  |       |      |        |  |                           |                          |                |                            |  |                 |                           |  |       |      |        |  |  |                          |                |  |  |                 |  |  |       |      |        |  |  |                          |                |  |  |                 |  |  |       |      |        |  |  |                          |                |  |  |                 |  |  |   |  |       |      |        |          |  |                           |                                     |                          |                |                           |  |  |                 |  |  |  |       |      |        |          |  |  |                          |                          |                |  |  |  |                 |  |  |  |       |      |        |          |  |  |                          |                          |                |  |  |  |                 |  |  |  |       |      |        |          |  |  |                          |                          |                |  |  |  |                 |  |  |  |
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| <b>DOCUMENT # P02000127748</b><br>1. Entity Name<br><b>FUEL SHIPS CORPORATION</b>  |                                  |   |                          |        |  |                      |                          |                |                         |  |                 |                                  |  |       |      |        |  |                           |                          |                |                            |  |                 |                           |  |       |      |        |  |  |                          |                |  |  |                 |  |  |       |      |        |  |  |                          |                |  |  |                 |  |  |       |      |        |  |  |                          |                |  |  |                 |  |  |   |  |       |      |        |          |  |                           |                                     |                          |                |                           |  |  |                 |  |  |  |       |      |        |          |  |  |                          |                          |                |  |  |  |                 |  |  |  |       |      |        |          |  |  |                          |                          |                |  |  |  |                 |  |  |  |       |      |        |          |  |  |                          |                          |                |  |  |  |                 |  |  |  |
| Principal Place of Business<br><b>1660 NW 19TH AVE<br/>FORT LAUDERDALE, FL 33069</b>   |                                  | Mailing Address<br><b>1660 NW 19TH AVE<br/>FORT LAUDERDALE, FL 33069</b>   |                          |        |  |                      |                          |                |                         |  |                 |                                  |  |       |      |        |  |                           |                          |                |                            |  |                 |                           |  |       |      |        |  |  |                          |                |  |  |                 |  |  |       |      |        |  |  |                          |                |  |  |                 |  |  |       |      |        |  |  |                          |                |  |  |                 |  |  |   |  |       |      |        |          |  |                           |                                     |                          |                |                           |  |  |                 |  |  |  |       |      |        |          |  |  |                          |                          |                |  |  |  |                 |  |  |  |       |      |        |          |  |  |                          |                          |                |  |  |  |                 |  |  |  |       |      |        |          |  |  |                          |                          |                |  |  |  |                 |  |  |  |
| 2. Principal Place of Business<br><b>2015 SW 20 ST</b><br>Suite, Apt. #, etc.<br><b>#101</b><br>City & State<br><b>FT. LAUD, FL</b><br>Zip<br><b>33315</b>   |                                  | 3. Mailing Address<br><b>2015 SW 20 ST</b><br>Suite, Apt. #, etc.<br><b>#101</b><br>City & State<br><b>FT. LAUD, FL</b><br>Zip<br><b>33315</b>   |                          |        |  |                      |                          |                |                         |  |                 |                                  |  |       |      |        |  |                           |                          |                |                            |  |                 |                           |  |       |      |        |  |  |                          |                |  |  |                 |  |  |       |      |        |  |  |                          |                |  |  |                 |  |  |       |      |        |  |  |                          |                |  |  |                 |  |  |   |  |       |      |        |          |  |                           |                                     |                          |                |                           |  |  |                 |  |  |  |       |      |        |          |  |  |                          |                          |                |  |  |  |                 |  |  |  |       |      |        |          |  |  |                          |                          |                |  |  |  |                 |  |  |  |       |      |        |          |  |  |                          |                          |                |  |  |  |                 |  |  |  |
| Country<br><b>USA</b>  |                                  | Country<br><b>USA</b>  |                          |        |  |                      |                          |                |                         |  |                 |                                  |  |       |      |        |  |                           |                          |                |                            |  |                 |                           |  |       |      |        |  |  |                          |                |  |  |                 |  |  |       |      |        |  |  |                          |                |  |  |                 |  |  |       |      |        |  |  |                          |                |  |  |                 |  |  |   |  |       |      |        |          |  |                           |                                     |                          |                |                           |  |  |                 |  |  |  |       |      |        |          |  |  |                          |                          |                |  |  |  |                 |  |  |  |       |      |        |          |  |  |                          |                          |                |  |  |  |                 |  |  |  |       |      |        |          |  |  |                          |                          |                |  |  |  |                 |  |  |  |
| 4. FEI Number<br><b>55-0813004</b>   |                                  | Applied For<br><input type="checkbox"/> Not Applicable   |                          |        |  |                      |                          |                |                         |  |                 |                                  |  |       |      |        |  |                           |                          |                |                            |  |                 |                           |  |       |      |        |  |  |                          |                |  |  |                 |  |  |       |      |        |  |  |                          |                |  |  |                 |  |  |       |      |        |  |  |                          |                |  |  |                 |  |  |   |  |       |      |        |          |  |                           |                                     |                          |                |                           |  |  |                 |  |  |  |       |      |        |          |  |  |                          |                          |                |  |  |  |                 |  |  |  |       |      |        |          |  |  |                          |                          |                |  |  |  |                 |  |  |  |       |      |        |          |  |  |                          |                          |                |  |  |  |                 |  |  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |                                  | <b>\$8.75 Additional Fee Required</b>  |                          |        |  |                      |                          |                |                         |  |                 |                                  |  |       |      |        |  |                           |                          |                |                            |  |                 |                           |  |       |      |        |  |  |                          |                |  |  |                 |  |  |       |      |        |  |  |                          |                |  |  |                 |  |  |       |      |        |  |  |                          |                |  |  |                 |  |  |   |  |       |      |        |          |  |                           |                                     |                          |                |                           |  |  |                 |  |  |  |       |      |        |          |  |  |                          |                          |                |  |  |  |                 |  |  |  |       |      |        |          |  |  |                          |                          |                |  |  |  |                 |  |  |  |       |      |        |          |  |  |                          |                          |                |  |  |  |                 |  |  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>PETERSON, TED -<br/>2150 SW 23RD AVE<br/>FORT LAUDERDALE, FL 33312</b>   |                                  | 7. Name and Address of New Registered Agent<br>Name<br><b>BARBARA A. BUCK</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>1807 SW 23 ST</b><br>City<br><b>FT. LAUD</b> |                          |        |  |                      |                          |                |                         |  |                 |                                  |  |       |      |        |  |                           |                          |                |                            |  |                 |                           |  |       |      |        |  |  |                          |                |  |  |                 |  |  |       |      |        |  |  |                          |                |  |  |                 |  |  |       |      |        |  |  |                          |                |  |  |                 |  |  |   |  |       |      |        |          |  |                           |                                     |                          |                |                           |  |  |                 |  |  |  |       |      |        |          |  |  |                          |                          |                |  |  |  |                 |  |  |  |       |      |        |          |  |  |                          |                          |                |  |  |  |                 |  |  |  |       |      |        |          |  |  |                          |                          |                |  |  |  |                 |  |  |  |
| State<br><b>FL</b>   |                                  | Zip Code<br><b>33315</b>   |                          |        |  |                      |                          |                |                         |  |                 |                                  |  |       |      |        |  |                           |                          |                |                            |  |                 |                           |  |       |      |        |  |  |                          |                |  |  |                 |  |  |       |      |        |  |  |                          |                |  |  |                 |  |  |       |      |        |  |  |                          |                |  |  |                 |  |  |   |  |       |      |        |          |  |                           |                                     |                          |                |                           |  |  |                 |  |  |  |       |      |        |          |  |  |                          |                          |                |  |  |  |                 |  |  |  |       |      |        |          |  |  |                          |                          |                |  |  |  |                 |  |  |  |       |      |        |          |  |  |                          |                          |                |  |  |  |                 |  |  |  |
| 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.<br>SIGNATURE <u><i>Barbara A. Buck</i></u> <b>BARBARA A. BUCK</b> <u>4/22/05</u><br><small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |                                  |  |                          |        |  |                      |                          |                |                         |  |                 |                                  |  |       |      |        |  |                           |                          |                |                            |  |                 |                           |  |       |      |        |  |  |                          |                |  |  |                 |  |  |       |      |        |  |  |                          |                |  |  |                 |  |  |       |      |        |  |  |                          |                |  |  |                 |  |  |   |  |       |      |        |          |  |                           |                                     |                          |                |                           |  |  |                 |  |  |  |       |      |        |          |  |  |                          |                          |                |  |  |  |                 |  |  |  |       |      |        |          |  |  |                          |                          |                |  |  |  |                 |  |  |  |       |      |        |          |  |  |                          |                          |                |  |  |  |                 |  |  |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2005 Fee will be \$550.00</b>  |                                  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>   |                          |        |  |                      |                          |                |                         |  |                 |                                  |  |       |      |        |  |                           |                          |                |                            |  |                 |                           |  |       |      |        |  |  |                          |                |  |  |                 |  |  |       |      |        |  |  |                          |                |  |  |                 |  |  |       |      |        |  |  |                          |                |  |  |                 |  |  |   |  |       |      |        |          |  |                           |                                     |                          |                |                           |  |  |                 |  |  |  |       |      |        |          |  |  |                          |                          |                |  |  |  |                 |  |  |  |       |      |        |          |  |  |                          |                          |                |  |  |  |                 |  |  |  |       |      |        |          |  |  |                          |                          |                |  |  |  |                 |  |  |  |
| 10. OFFICERS AND DIRECTORS<br><table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:60%;">NAME</td> <td style="width:10%;">Delete</td> </tr> <tr> <td></td> <td><b>PETERSON, TED</b></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>2150 SW 23RD AVE</b></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td><b>FORT LAUDERDALE, FL 33312</b></td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:60%;">NAME</td> <td style="width:10%;">Delete</td> </tr> <tr> <td></td> <td><b>ROBERTS, CARLILE R</b></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>1918 N. 11TH STREET</b></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td><b>MUSKOGEE, OK 74401</b></td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:60%;">NAME</td> <td style="width:10%;">Delete</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:60%;">NAME</td> <td style="width:10%;">Delete</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:60%;">NAME</td> <td style="width:10%;">Delete</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table> |                                  | TITLE  | NAME                     | Delete |  | <b>PETERSON, TED</b> | <input type="checkbox"/> | STREET ADDRESS | <b>2150 SW 23RD AVE</b> |  | CITY - ST - ZIP | <b>FORT LAUDERDALE, FL 33312</b> |  | TITLE | NAME | Delete |  | <b>ROBERTS, CARLILE R</b> | <input type="checkbox"/> | STREET ADDRESS | <b>1918 N. 11TH STREET</b> |  | CITY - ST - ZIP | <b>MUSKOGEE, OK 74401</b> |  | TITLE | NAME | Delete |  |  | <input type="checkbox"/> | STREET ADDRESS |  |  | CITY - ST - ZIP |  |  | TITLE | NAME | Delete |  |  | <input type="checkbox"/> | STREET ADDRESS |  |  | CITY - ST - ZIP |  |  | TITLE | NAME | Delete |  |  | <input type="checkbox"/> | STREET ADDRESS |  |  | CITY - ST - ZIP |  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11<br><table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:60%;">NAME</td> <td style="width:10%;">Change</td> <td style="width:10%;">Addition</td> </tr> <tr> <td></td> <td><b>2015 SW 20 ST #101</b></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>FT. LAUD, FL 33315</b></td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:60%;">NAME</td> <td style="width:10%;">Change</td> <td style="width:10%;">Addition</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:60%;">NAME</td> <td style="width:10%;">Change</td> <td style="width:10%;">Addition</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:60%;">NAME</td> <td style="width:10%;">Change</td> <td style="width:10%;">Addition</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> <td></td> </tr> </table> |  | TITLE | NAME | Change | Addition |  | <b>2015 SW 20 ST #101</b> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | STREET ADDRESS | <b>FT. LAUD, FL 33315</b> |  |  | CITY - ST - ZIP |  |  |  | TITLE | NAME | Change | Addition |  |  | <input type="checkbox"/> | <input type="checkbox"/> | STREET ADDRESS |  |  |  | CITY - ST - ZIP |  |  |  | TITLE | NAME | Change | Addition |  |  | <input type="checkbox"/> | <input type="checkbox"/> | STREET ADDRESS |  |  |  | CITY - ST - ZIP |  |  |  | TITLE | NAME | Change | Addition |  |  | <input type="checkbox"/> | <input type="checkbox"/> | STREET ADDRESS |  |  |  | CITY - ST - ZIP |  |  |  |
| TITLE  | NAME                             | Delete   |                          |        |  |                      |                          |                |                         |  |                 |                                  |  |       |      |        |  |                           |                          |                |                            |  |                 |                           |  |       |      |        |  |  |                          |                |  |  |                 |  |  |       |      |        |  |  |                          |                |  |  |                 |  |  |       |      |        |  |  |                          |                |  |  |                 |  |  |   |  |       |      |        |          |  |                           |                                     |                          |                |                           |  |  |                 |  |  |  |       |      |        |          |  |  |                          |                          |                |  |  |  |                 |  |  |  |       |      |        |          |  |  |                          |                          |                |  |  |  |                 |  |  |  |       |      |        |          |  |  |                          |                          |                |  |  |  |                 |  |  |  |
|  | <b>PETERSON, TED</b>             | <input type="checkbox"/>   |                          |        |  |                      |                          |                |                         |  |                 |                                  |  |       |      |        |  |                           |                          |                |                            |  |                 |                           |  |       |      |        |  |  |                          |                |  |  |                 |  |  |       |      |        |  |  |                          |                |  |  |                 |  |  |       |      |        |  |  |                          |                |  |  |                 |  |  |   |  |       |      |        |          |  |                           |                                     |                          |                |                           |  |  |                 |  |  |  |       |      |        |          |  |  |                          |                          |                |  |  |  |                 |  |  |  |       |      |        |          |  |  |                          |                          |                |  |  |  |                 |  |  |  |       |      |        |          |  |  |                          |                          |                |  |  |  |                 |  |  |  |
| STREET ADDRESS   | <b>2150 SW 23RD AVE</b>          |  |                          |        |  |                      |                          |                |                         |  |                 |                                  |  |       |      |        |  |                           |                          |                |                            |  |                 |                           |  |       |      |        |  |  |                          |                |  |  |                 |  |  |       |      |        |  |  |                          |                |  |  |                 |  |  |       |      |        |  |  |                          |                |  |  |                 |  |  |   |  |       |      |        |          |  |                           |                                     |                          |                |                           |  |  |                 |  |  |  |       |      |        |          |  |  |                          |                          |                |  |  |  |                 |  |  |  |       |      |        |          |  |  |                          |                          |                |  |  |  |                 |  |  |  |       |      |        |          |  |  |                          |                          |                |  |  |  |                 |  |  |  |
| CITY - ST - ZIP  | <b>FORT LAUDERDALE, FL 33312</b> |  |                          |        |  |                      |                          |                |                         |  |                 |                                  |  |       |      |        |  |                           |                          |                |                            |  |                 |                           |  |       |      |        |  |  |                          |                |  |  |                 |  |  |       |      |        |  |  |                          |                |  |  |                 |  |  |       |      |        |  |  |                          |                |  |  |                 |  |  |   |  |       |      |        |          |  |                           |                                     |                          |                |                           |  |  |                 |  |  |  |       |      |        |          |  |  |                          |                          |                |  |  |  |                 |  |  |  |       |      |        |          |  |  |                          |                          |                |  |  |  |                 |  |  |  |       |      |        |          |  |  |                          |                          |                |  |  |  |                 |  |  |  |
| TITLE  | NAME                             | Delete   |                          |        |  |                      |                          |                |                         |  |                 |                                  |  |       |      |        |  |                           |                          |                |                            |  |                 |                           |  |       |      |        |  |  |                          |                |  |  |                 |  |  |       |      |        |  |  |                          |                |  |  |                 |  |  |       |      |        |  |  |                          |                |  |  |                 |  |  |   |  |       |      |        |          |  |                           |                                     |                          |                |                           |  |  |                 |  |  |  |       |      |        |          |  |  |                          |                          |                |  |  |  |                 |  |  |  |       |      |        |          |  |  |                          |                          |                |  |  |  |                 |  |  |  |       |      |        |          |  |  |                          |                          |                |  |  |  |                 |  |  |  |
|  | <b>ROBERTS, CARLILE R</b>        | <input type="checkbox"/>   |                          |        |  |                      |                          |                |                         |  |                 |                                  |  |       |      |        |  |                           |                          |                |                            |  |                 |                           |  |       |      |        |  |  |                          |                |  |  |                 |  |  |       |      |        |  |  |                          |                |  |  |                 |  |  |       |      |        |  |  |                          |                |  |  |                 |  |  |   |  |       |      |        |          |  |                           |                                     |                          |                |                           |  |  |                 |  |  |  |       |      |        |          |  |  |                          |                          |                |  |  |  |                 |  |  |  |       |      |        |          |  |  |                          |                          |                |  |  |  |                 |  |  |  |       |      |        |          |  |  |                          |                          |                |  |  |  |                 |  |  |  |
| STREET ADDRESS   | <b>1918 N. 11TH STREET</b>       |  |                          |        |  |                      |                          |                |                         |  |                 |                                  |  |       |      |        |  |                           |                          |                |                            |  |                 |                           |  |       |      |        |  |  |                          |                |  |  |                 |  |  |       |      |        |  |  |                          |                |  |  |                 |  |  |       |      |        |  |  |                          |                |  |  |                 |  |  |   |  |       |      |        |          |  |                           |                                     |                          |                |                           |  |  |                 |  |  |  |       |      |        |          |  |  |                          |                          |                |  |  |  |                 |  |  |  |       |      |        |          |  |  |                          |                          |                |  |  |  |                 |  |  |  |       |      |        |          |  |  |                          |                          |                |  |  |  |                 |  |  |  |
| CITY - ST - ZIP  | <b>MUSKOGEE, OK 74401</b>        |  |                          |        |  |                      |                          |                |                         |  |                 |                                  |  |       |      |        |  |                           |                          |                |                            |  |                 |                           |  |       |      |        |  |  |                          |                |  |  |                 |  |  |       |      |        |  |  |                          |                |  |  |                 |  |  |       |      |        |  |  |                          |                |  |  |                 |  |  |   |  |       |      |        |          |  |                           |                                     |                          |                |                           |  |  |                 |  |  |  |       |      |        |          |  |  |                          |                          |                |  |  |  |                 |  |  |  |       |      |        |          |  |  |                          |                          |                |  |  |  |                 |  |  |  |       |      |        |          |  |  |                          |                          |                |  |  |  |                 |  |  |  |
| TITLE  | NAME                             | Delete   |                          |        |  |                      |                          |                |                         |  |                 |                                  |  |       |      |        |  |                           |                          |                |                            |  |                 |                           |  |       |      |        |  |  |                          |                |  |  |                 |  |  |       |      |        |  |  |                          |                |  |  |                 |  |  |       |      |        |  |  |                          |                |  |  |                 |  |  |   |  |       |      |        |          |  |                           |                                     |                          |                |                           |  |  |                 |  |  |  |       |      |        |          |  |  |                          |                          |                |  |  |  |                 |  |  |  |       |      |        |          |  |  |                          |                          |                |  |  |  |                 |  |  |  |       |      |        |          |  |  |                          |                          |                |  |  |  |                 |  |  |  |
|  |                                  | <input type="checkbox"/>   |                          |        |  |                      |                          |                |                         |  |                 |                                  |  |       |      |        |  |                           |                          |                |                            |  |                 |                           |  |       |      |        |  |  |                          |                |  |  |                 |  |  |       |      |        |  |  |                          |                |  |  |                 |  |  |       |      |        |  |  |                          |                |  |  |                 |  |  |   |  |       |      |        |          |  |                           |                                     |                          |                |                           |  |  |                 |  |  |  |       |      |        |          |  |  |                          |                          |                |  |  |  |                 |  |  |  |       |      |        |          |  |  |                          |                          |                |  |  |  |                 |  |  |  |       |      |        |          |  |  |                          |                          |                |  |  |  |                 |  |  |  |
| STREET ADDRESS   |                                  |  |                          |        |  |                      |                          |                |                         |  |                 |                                  |  |       |      |        |  |                           |                          |                |                            |  |                 |                           |  |       |      |        |  |  |                          |                |  |  |                 |  |  |       |      |        |  |  |                          |                |  |  |                 |  |  |       |      |        |  |  |                          |                |  |  |                 |  |  |   |  |       |      |        |          |  |                           |                                     |                          |                |                           |  |  |                 |  |  |  |       |      |        |          |  |  |                          |                          |                |  |  |  |                 |  |  |  |       |      |        |          |  |  |                          |                          |                |  |  |  |                 |  |  |  |       |      |        |          |  |  |                          |                          |                |  |  |  |                 |  |  |  |
| CITY - ST - ZIP  |                                  |  |                          |        |  |                      |                          |                |                         |  |                 |                                  |  |       |      |        |  |                           |                          |                |                            |  |                 |                           |  |       |      |        |  |  |                          |                |  |  |                 |  |  |       |      |        |  |  |                          |                |  |  |                 |  |  |       |      |        |  |  |                          |                |  |  |                 |  |  |   |  |       |      |        |          |  |                           |                                     |                          |                |                           |  |  |                 |  |  |  |       |      |        |          |  |  |                          |                          |                |  |  |  |                 |  |  |  |       |      |        |          |  |  |                          |                          |                |  |  |  |                 |  |  |  |       |      |        |          |  |  |                          |                          |                |  |  |  |                 |  |  |  |
| TITLE  | NAME                             | Delete   |                          |        |  |                      |                          |                |                         |  |                 |                                  |  |       |      |        |  |                           |                          |                |                            |  |                 |                           |  |       |      |        |  |  |                          |                |  |  |                 |  |  |       |      |        |  |  |                          |                |  |  |                 |  |  |       |      |        |  |  |                          |                |  |  |                 |  |  |   |  |       |      |        |          |  |                           |                                     |                          |                |                           |  |  |                 |  |  |  |       |      |        |          |  |  |                          |                          |                |  |  |  |                 |  |  |  |       |      |        |          |  |  |                          |                          |                |  |  |  |                 |  |  |  |       |      |        |          |  |  |                          |                          |                |  |  |  |                 |  |  |  |
|  |                                  | <input type="checkbox"/>   |                          |        |  |                      |                          |                |                         |  |                 |                                  |  |       |      |        |  |                           |                          |                |                            |  |                 |                           |  |       |      |        |  |  |                          |                |  |  |                 |  |  |       |      |        |  |  |                          |                |  |  |                 |  |  |       |      |        |  |  |                          |                |  |  |                 |  |  |   |  |       |      |        |          |  |                           |                                     |                          |                |                           |  |  |                 |  |  |  |       |      |        |          |  |  |                          |                          |                |  |  |  |                 |  |  |  |       |      |        |          |  |  |                          |                          |                |  |  |  |                 |  |  |  |       |      |        |          |  |  |                          |                          |                |  |  |  |                 |  |  |  |
| STREET ADDRESS   |                                  |  |                          |        |  |                      |                          |                |                         |  |                 |                                  |  |       |      |        |  |                           |                          |                |                            |  |                 |                           |  |       |      |        |  |  |                          |                |  |  |                 |  |  |       |      |        |  |  |                          |                |  |  |                 |  |  |       |      |        |  |  |                          |                |  |  |                 |  |  |   |  |       |      |        |          |  |                           |                                     |                          |                |                           |  |  |                 |  |  |  |       |      |        |          |  |  |                          |                          |                |  |  |  |                 |  |  |  |       |      |        |          |  |  |                          |                          |                |  |  |  |                 |  |  |  |       |      |        |          |  |  |                          |                          |                |  |  |  |                 |  |  |  |
| CITY - ST - ZIP  |                                  |  |                          |        |  |                      |                          |                |                         |  |                 |                                  |  |       |      |        |  |                           |                          |                |                            |  |                 |                           |  |       |      |        |  |  |                          |                |  |  |                 |  |  |       |      |        |  |  |                          |                |  |  |                 |  |  |       |      |        |  |  |                          |                |  |  |                 |  |  |   |  |       |      |        |          |  |                           |                                     |                          |                |                           |  |  |                 |  |  |  |       |      |        |          |  |  |                          |                          |                |  |  |  |                 |  |  |  |       |      |        |          |  |  |                          |                          |                |  |  |  |                 |  |  |  |       |      |        |          |  |  |                          |                          |                |  |  |  |                 |  |  |  |
| TITLE  | NAME                             | Delete   |                          |        |  |                      |                          |                |                         |  |                 |                                  |  |       |      |        |  |                           |                          |                |                            |  |                 |                           |  |       |      |        |  |  |                          |                |  |  |                 |  |  |       |      |        |  |  |                          |                |  |  |                 |  |  |       |      |        |  |  |                          |                |  |  |                 |  |  |   |  |       |      |        |          |  |                           |                                     |                          |                |                           |  |  |                 |  |  |  |       |      |        |          |  |  |                          |                          |                |  |  |  |                 |  |  |  |       |      |        |          |  |  |                          |                          |                |  |  |  |                 |  |  |  |       |      |        |          |  |  |                          |                          |                |  |  |  |                 |  |  |  |
|  |                                  | <input type="checkbox"/>   |                          |        |  |                      |                          |                |                         |  |                 |                                  |  |       |      |        |  |                           |                          |                |                            |  |                 |                           |  |       |      |        |  |  |                          |                |  |  |                 |  |  |       |      |        |  |  |                          |                |  |  |                 |  |  |       |      |        |  |  |                          |                |  |  |                 |  |  |   |  |       |      |        |          |  |                           |                                     |                          |                |                           |  |  |                 |  |  |  |       |      |        |          |  |  |                          |                          |                |  |  |  |                 |  |  |  |       |      |        |          |  |  |                          |                          |                |  |  |  |                 |  |  |  |       |      |        |          |  |  |                          |                          |                |  |  |  |                 |  |  |  |
| STREET ADDRESS   |                                  |  |                          |        |  |                      |                          |                |                         |  |                 |                                  |  |       |      |        |  |                           |                          |                |                            |  |                 |                           |  |       |      |        |  |  |                          |                |  |  |                 |  |  |       |      |        |  |  |                          |                |  |  |                 |  |  |       |      |        |  |  |                          |                |  |  |                 |  |  |   |  |       |      |        |          |  |                           |                                     |                          |                |                           |  |  |                 |  |  |  |       |      |        |          |  |  |                          |                          |                |  |  |  |                 |  |  |  |       |      |        |          |  |  |                          |                          |                |  |  |  |                 |  |  |  |       |      |        |          |  |  |                          |                          |                |  |  |  |                 |  |  |  |
| CITY - ST - ZIP  |                                  |  |                          |        |  |                      |                          |                |                         |  |                 |                                  |  |       |      |        |  |                           |                          |                |                            |  |                 |                           |  |       |      |        |  |  |                          |                |  |  |                 |  |  |       |      |        |  |  |                          |                |  |  |                 |  |  |       |      |        |  |  |                          |                |  |  |                 |  |  |   |  |       |      |        |          |  |                           |                                     |                          |                |                           |  |  |                 |  |  |  |       |      |        |          |  |  |                          |                          |                |  |  |  |                 |  |  |  |       |      |        |          |  |  |                          |                          |                |  |  |  |                 |  |  |  |       |      |        |          |  |  |                          |                          |                |  |  |  |                 |  |  |  |
| TITLE  | NAME                             | Change   | Addition                 |        |  |                      |                          |                |                         |  |                 |                                  |  |       |      |        |  |                           |                          |                |                            |  |                 |                           |  |       |      |        |  |  |                          |                |  |  |                 |  |  |       |      |        |  |  |                          |                |  |  |                 |  |  |       |      |        |  |  |                          |                |  |  |                 |  |  |   |  |       |      |        |          |  |                           |                                     |                          |                |                           |  |  |                 |  |  |  |       |      |        |          |  |  |                          |                          |                |  |  |  |                 |  |  |  |       |      |        |          |  |  |                          |                          |                |  |  |  |                 |  |  |  |       |      |        |          |  |  |                          |                          |                |  |  |  |                 |  |  |  |
|  | <b>2015 SW 20 ST #101</b>        | <input checked="" type="checkbox"/>  | <input type="checkbox"/> |        |  |                      |                          |                |                         |  |                 |                                  |  |       |      |        |  |                           |                          |                |                            |  |                 |                           |  |       |      |        |  |  |                          |                |  |  |                 |  |  |       |      |        |  |  |                          |                |  |  |                 |  |  |       |      |        |  |  |                          |                |  |  |                 |  |  |   |  |       |      |        |          |  |                           |                                     |                          |                |                           |  |  |                 |  |  |  |       |      |        |          |  |  |                          |                          |                |  |  |  |                 |  |  |  |       |      |        |          |  |  |                          |                          |                |  |  |  |                 |  |  |  |       |      |        |          |  |  |                          |                          |                |  |  |  |                 |  |  |  |
| STREET ADDRESS   | <b>FT. LAUD, FL 33315</b>        |  |                          |        |  |                      |                          |                |                         |  |                 |                                  |  |       |      |        |  |                           |                          |                |                            |  |                 |                           |  |       |      |        |  |  |                          |                |  |  |                 |  |  |       |      |        |  |  |                          |                |  |  |                 |  |  |       |      |        |  |  |                          |                |  |  |                 |  |  |   |  |       |      |        |          |  |                           |                                     |                          |                |                           |  |  |                 |  |  |  |       |      |        |          |  |  |                          |                          |                |  |  |  |                 |  |  |  |       |      |        |          |  |  |                          |                          |                |  |  |  |                 |  |  |  |       |      |        |          |  |  |                          |                          |                |  |  |  |                 |  |  |  |
| CITY - ST - ZIP  |                                  |  |                          |        |  |                      |                          |                |                         |  |                 |                                  |  |       |      |        |  |                           |                          |                |                            |  |                 |                           |  |       |      |        |  |  |                          |                |  |  |                 |  |  |       |      |        |  |  |                          |                |  |  |                 |  |  |       |      |        |  |  |                          |                |  |  |                 |  |  |   |  |       |      |        |          |  |                           |                                     |                          |                |                           |  |  |                 |  |  |  |       |      |        |          |  |  |                          |                          |                |  |  |  |                 |  |  |  |       |      |        |          |  |  |                          |                          |                |  |  |  |                 |  |  |  |       |      |        |          |  |  |                          |                          |                |  |  |  |                 |  |  |  |
| TITLE  | NAME                             | Change   | Addition                 |        |  |                      |                          |                |                         |  |                 |                                  |  |       |      |        |  |                           |                          |                |                            |  |                 |                           |  |       |      |        |  |  |                          |                |  |  |                 |  |  |       |      |        |  |  |                          |                |  |  |                 |  |  |       |      |        |  |  |                          |                |  |  |                 |  |  |   |  |       |      |        |          |  |                           |                                     |                          |                |                           |  |  |                 |  |  |  |       |      |        |          |  |  |                          |                          |                |  |  |  |                 |  |  |  |       |      |        |          |  |  |                          |                          |                |  |  |  |                 |  |  |  |       |      |        |          |  |  |                          |                          |                |  |  |  |                 |  |  |  |
|  |                                  | <input type="checkbox"/>   | <input type="checkbox"/> |        |  |                      |                          |                |                         |  |                 |                                  |  |       |      |        |  |                           |                          |                |                            |  |                 |                           |  |       |      |        |  |  |                          |                |  |  |                 |  |  |       |      |        |  |  |                          |                |  |  |                 |  |  |       |      |        |  |  |                          |                |  |  |                 |  |  |   |  |       |      |        |          |  |                           |                                     |                          |                |                           |  |  |                 |  |  |  |       |      |        |          |  |  |                          |                          |                |  |  |  |                 |  |  |  |       |      |        |          |  |  |                          |                          |                |  |  |  |                 |  |  |  |       |      |        |          |  |  |                          |                          |                |  |  |  |                 |  |  |  |
| STREET ADDRESS   |                                  |  |                          |        |  |                      |                          |                |                         |  |                 |                                  |  |       |      |        |  |                           |                          |                |                            |  |                 |                           |  |       |      |        |  |  |                          |                |  |  |                 |  |  |       |      |        |  |  |                          |                |  |  |                 |  |  |       |      |        |  |  |                          |                |  |  |                 |  |  |   |  |       |      |        |          |  |                           |                                     |                          |                |                           |  |  |                 |  |  |  |       |      |        |          |  |  |                          |                          |                |  |  |  |                 |  |  |  |       |      |        |          |  |  |                          |                          |                |  |  |  |                 |  |  |  |       |      |        |          |  |  |                          |                          |                |  |  |  |                 |  |  |  |
| CITY - ST - ZIP  |                                  |  |                          |        |  |                      |                          |                |                         |  |                 |                                  |  |       |      |        |  |                           |                          |                |                            |  |                 |                           |  |       |      |        |  |  |                          |                |  |  |                 |  |  |       |      |        |  |  |                          |                |  |  |                 |  |  |       |      |        |  |  |                          |                |  |  |                 |  |  |   |  |       |      |        |          |  |                           |                                     |                          |                |                           |  |  |                 |  |  |  |       |      |        |          |  |  |                          |                          |                |  |  |  |                 |  |  |  |       |      |        |          |  |  |                          |                          |                |  |  |  |                 |  |  |  |       |      |        |          |  |  |                          |                          |                |  |  |  |                 |  |  |  |
| TITLE  | NAME                             | Change   | Addition                 |        |  |                      |                          |                |                         |  |                 |                                  |  |       |      |        |  |                           |                          |                |                            |  |                 |                           |  |       |      |        |  |  |                          |                |  |  |                 |  |  |       |      |        |  |  |                          |                |  |  |                 |  |  |       |      |        |  |  |                          |                |  |  |                 |  |  |   |  |       |      |        |          |  |                           |                                     |                          |                |                           |  |  |                 |  |  |  |       |      |        |          |  |  |                          |                          |                |  |  |  |                 |  |  |  |       |      |        |          |  |  |                          |                          |                |  |  |  |                 |  |  |  |       |      |        |          |  |  |                          |                          |                |  |  |  |                 |  |  |  |
|  |                                  | <input type="checkbox"/>   | <input type="checkbox"/> |        |  |                      |                          |                |                         |  |                 |                                  |  |       |      |        |  |                           |                          |                |                            |  |                 |                           |  |       |      |        |  |  |                          |                |  |  |                 |  |  |       |      |        |  |  |                          |                |  |  |                 |  |  |       |      |        |  |  |                          |                |  |  |                 |  |  |   |  |       |      |        |          |  |                           |                                     |                          |                |                           |  |  |                 |  |  |  |       |      |        |          |  |  |                          |                          |                |  |  |  |                 |  |  |  |       |      |        |          |  |  |                          |                          |                |  |  |  |                 |  |  |  |       |      |        |          |  |  |                          |                          |                |  |  |  |                 |  |  |  |
| STREET ADDRESS   |                                  |  |                          |        |  |                      |                          |                |                         |  |                 |                                  |  |       |      |        |  |                           |                          |                |                            |  |                 |                           |  |       |      |        |  |  |                          |                |  |  |                 |  |  |       |      |        |  |  |                          |                |  |  |                 |  |  |       |      |        |  |  |                          |                |  |  |                 |  |  |   |  |       |      |        |          |  |                           |                                     |                          |                |                           |  |  |                 |  |  |  |       |      |        |          |  |  |                          |                          |                |  |  |  |                 |  |  |  |       |      |        |          |  |  |                          |                          |                |  |  |  |                 |  |  |  |       |      |        |          |  |  |                          |                          |                |  |  |  |                 |  |  |  |
| CITY - ST - ZIP  |                                  |  |                          |        |  |                      |                          |                |                         |  |                 |                                  |  |       |      |        |  |                           |                          |                |                            |  |                 |                           |  |       |      |        |  |  |                          |                |  |  |                 |  |  |       |      |        |  |  |                          |                |  |  |                 |  |  |       |      |        |  |  |                          |                |  |  |                 |  |  |   |  |       |      |        |          |  |                           |                                     |                          |                |                           |  |  |                 |  |  |  |       |      |        |          |  |  |                          |                          |                |  |  |  |                 |  |  |  |       |      |        |          |  |  |                          |                          |                |  |  |  |                 |  |  |  |       |      |        |          |  |  |                          |                          |                |  |  |  |                 |  |  |  |
| TITLE  | NAME                             | Change   | Addition                 |        |  |                      |                          |                |                         |  |                 |                                  |  |       |      |        |  |                           |                          |                |                            |  |                 |                           |  |       |      |        |  |  |                          |                |  |  |                 |  |  |       |      |        |  |  |                          |                |  |  |                 |  |  |       |      |        |  |  |                          |                |  |  |                 |  |  |   |  |       |      |        |          |  |                           |                                     |                          |                |                           |  |  |                 |  |  |  |       |      |        |          |  |  |                          |                          |                |  |  |  |                 |  |  |  |       |      |        |          |  |  |                          |                          |                |  |  |  |                 |  |  |  |       |      |        |          |  |  |                          |                          |                |  |  |  |                 |  |  |  |
|  |                                  | <input type="checkbox"/>   | <input type="checkbox"/> |        |  |                      |                          |                |                         |  |                 |                                  |  |       |      |        |  |                           |                          |                |                            |  |                 |                           |  |       |      |        |  |  |                          |                |  |  |                 |  |  |       |      |        |  |  |                          |                |  |  |                 |  |  |       |      |        |  |  |                          |                |  |  |                 |  |  |   |  |       |      |        |          |  |                           |                                     |                          |                |                           |  |  |                 |  |  |  |       |      |        |          |  |  |                          |                          |                |  |  |  |                 |  |  |  |       |      |        |          |  |  |                          |                          |                |  |  |  |                 |  |  |  |       |      |        |          |  |  |                          |                          |                |  |  |  |                 |  |  |  |
| STREET ADDRESS   |                                  |  |                          |        |  |                      |                          |                |                         |  |                 |                                  |  |       |      |        |  |                           |                          |                |                            |  |                 |                           |  |       |      |        |  |  |                          |                |  |  |                 |  |  |       |      |        |  |  |                          |                |  |  |                 |  |  |       |      |        |  |  |                          |                |  |  |                 |  |  |   |  |       |      |        |          |  |                           |                                     |                          |                |                           |  |  |                 |  |  |  |       |      |        |          |  |  |                          |                          |                |  |  |  |                 |  |  |  |       |      |        |          |  |  |                          |                          |                |  |  |  |                 |  |  |  |       |      |        |          |  |  |                          |                          |                |  |  |  |                 |  |  |  |
| 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 empowered.<br><b>SIGNATURE:</b> <u><i>Ted Peterson</i></u> <b>TED PETERSON</b> <u>4/22/05</u> <u>954-764-3835</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>  |                                  |  |                          |        |  |                      |                          |                |                         |  |                 |                                  |  |       |      |        |  |                           |                          |                |                            |  |                 |                           |  |       |      |        |  |  |                          |                |  |  |                 |  |  |       |      |        |  |  |                          |                |  |  |                 |  |  |       |      |        |  |  |                          |                |  |  |                 |  |  |   |  |       |      |        |          |  |                           |                                     |                          |                |                           |  |  |                 |  |  |  |       |      |        |          |  |  |                          |                          |                |  |  |  |                 |  |  |  |       |      |        |          |  |  |                          |                          |                |  |  |  |                 |  |  |  |       |      |        |          |  |  |                          |                          |                |  |  |  |                 |  |  |  |