2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: _

FILED Mar 10, 2005 08:00 AM Secretary of State

RENTON, FL 32693 US RESISTS TOTAL METERNITY RENTON, FL 32693 US RESISTS AND	1. Entity Nar A LEWIS	FILM, INC.			Seci	ctary of State	
DO NOT WRITE IN THIS SPACE 4. FEI Number St. Odd 1289 S. Certificate For St. Odd 1289 S. Certificate For St. Odd 1289 S. Certificate For S. Certificate For St. Odd 1289 S. Certificate For S	8189 SE 76	TH AVENUE	8189 SE 76TH AVENUE			wife where were the state and the state of t	
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DUNCAN ALDEN JONES, ATTORNEY AT LAW 2010 SOUTH MAIN STREET HIGH SPRINGS, FL 32643 3. The above named entry submits this statement for the purpose of changing the registered office or repistered agent, or both, in the State of Florida. I am familiar with, and accept site obligations of legistered agent. SIGNATURE FILE NOW!!! FEE IS \$150,00					51-0441289	Not Applicable \$8.75 Additional	
SIGNATURE FILE NOW!!! FEE IS \$150.00 P. Election Campaign Financing S5.00 May Be Acced to Fees	DUNCAN ALDEN JONES, ATTORNEY AT LAW 2010 SOUTH MAIN STREET HIGH SPRINGS EL 32643				IN THIS SP	ACE	
After May 1, 2005 Fee will be \$550,00 III.: IP. D. OFFICERS AND DIRECTORS III.: SEC BUSINESS APRIL M STREET ADDRESS CITY-ST-2P TRENTON, FL 32693 III.: TRENTON, FL 32643 III.: TRES TRENTON, FL 32643 III.: TRENTON, FL 32643	the obligations of registered agent						
### After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution Added to Fees				l Agent signature required t	when re'nstating)	DATE	
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THLE MAME STREET ADDRESS CITY-ST-ZP TRENTON, FL 32693 TILE TRES LEWIS, APRIL M 8189 SE 76TH AVENUE TRENTON, FL 32693 TILE TRES LEWIS, APRIL M 8189 SE 76TH AVENUE TRENTON, FL 32643 DO NOT WRITE INTERIORISS CITY-ST-ZP TILE MAME STREET ADDRESS CITY-ST-ZP	NAME STREET ADDRESS	LEWIS, APRIL M 8189 SE 76TH AVENUE				coveu	
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NAME STREET ADORESS OJTY-SY-ZIP	NAME STREET ADDRESS				· · · · · · · · · · · · · · · · · · ·		
12. Thereby 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 cath, 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.	NAME STREET ADORESS CITY-ST-ZIP						
SIGNATURE: 2-15-05 (352)421-5957							