2005 FOR PROFIT CORPORATION ANNUAL REPORT

changed; or on an attach

SIGNATURE:

Secretary of State DOCUMENT # P03000018038 02-10-2005 90044 033 ***150.00 CONNIE CHRISTIAN, CPA, PA Principal Place of Business Mailing Address 40016068 5 DRIFTWOOD TERRACE **5 DRIFTWOOD TERRACE** KEY WEST, FL 33040 KEY WEST, FL 33040 02012005 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 05-0555121 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CHRISTIAN, CONNIE R DO NOT WRITE **5 DRIFTWOOD TERRACE** KEY WEST, FL 33040 IN THIS SPACE 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 SIGNATURE. typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. П Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME CHRISTIAN, CONNIE R STREET ADDRESS **5 DRIFTWOOD TERRACE** CITY-ST-ZIP KEY WEST, FL 33040 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADVORESS CITY-ST-71P 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 paceiver 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

FILED Feb 10, 2005 8:00 am