2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 08:00 AM
Secretary of State

ANNUAL REPORT					Jan 24, 2005 08:00 A			
1. Entity Ner		2030000183 NG.			Sec	cretary	of State	
Principal Place of Business 1177 MAIN STREET, SUITE C DUNEDINA, FL 34698 Mailing Address P.O. BOX 1705 DUNEDIN, FL 34697								
Σ	ON OT	WRITE	IN THIS SPA	ČE	01112005 4. FEI Numbe 03-0508		CR2E034 (10	/03) Applied For Not Applicable Additional
	6. Name and A	ddress of Current Re				Fee Re	danea	
2682 CRY	, THOMAS E /STAL CIR I, FL 34698				NOT W 'HIS SP			
The above the obligat	named entity submi	its this statement for the	ne purpose of changing its registe	red office or register	ed agent, or both	n, in the State of Flo	rida. I am familiar	with, and accept
SIGNATURE.	Signature, typed or printed	name of registered agent and	the if applicable. [NOTE Registro	ed Agent signature required	when reinstating)		DATE	
FIL After M	E NOW!!! FEE lay 1, 2005 Fee	IS \$150.00 will be \$550.00	incing \$5.	00 May Be ed to Fees				
10.		OFFICERS AND DI	RECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GEORGE, THOI 1177 MAIN STR DUNEDIN, FL 3	EET SUITE C	a sila and appearing the second	And the second s	000000192324 01/25/05-80013-013 150.00			
TITLE NAME STREET ADDRESS CHY-ST-ZIP					And American In the Control of the C	and the second s		^
TITLE NAME STREET ADDRESS CRY-ST-ZIP						NOT W		
TITLE NAME STREET ADDRESS CITY-ST-ZIP						'HIS SP	ACE	
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NAME 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.

SIGNATURE:

MONATURE AND TYPED OR PROPER NAME OF SIGNING OFFICER OR DIRECTOR

1112/06 727 784-7946

Daytime Phone #