2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 31, 2005 8:00 am Secretary of State

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| Suite, Apl. #, etc. Suite, Apl. #, etc. Suite, Apl. #, etc. O3092005 Chg.P. CR2E034 (10/03) | | | | Mailing Address | $\sum_{\alpha} \mathcal{D}_{\alpha} \mathcal{D}_{\alpha} = 0$ | Mess T | 2. Principal Place of Bus |
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| 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Na | Applied For Not Applicable | | | City & State | | FL | City & State |
| BURROUGHS, WAYNE A 1601 N GOLDENROD ROAD ORLANDO, FL 32807 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 act the obligations of registered agent. SIGNATURE Signature, hotel or brinsed name of ingestered agent and lide 4 acadicacia. (MOTE: Repostered Agent signature required when refusating) P. Election Campaign Financing Trust Fund Contribution. Defects And Directors 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE BURROUGHS, WAYNE A 1601 N GOLDENROD ROAD ORLANDO, FL 32807 Delete TITLE NAME SIRRET ADDRESS CITY-ST-2P TITLE ST-2P TITLE ST-2P TITLE ST-2P TITLE ST-2P TITLE ST-2P TIT | Fee Required | | ountry | | GE | ORAN | 32832 |
| BURROUGHS, WAYNE A 1601 N GOLDENROD ROAD ORLANDO, FL 32807 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 ac the obligations of registered agent. SIGNATURE Signature, hoed or binned name of registered agent and titled acceleration. (NOTE: Registered Agent senstains required when reinstaining) DATE | of New Registered Agent | 7. Name and Address of New | Nome | tered Agent | of Current Regis | e and Address o | 6. Nam |
| 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 act the obligations of registered agent. SIGNATURE Signature, typed or primad name of registered agent and talle if application. (NOTE: Registered Agent senter required when reinstailing) DATE | n : - | | Wa | | | OD ROAD | 1601 N GOLDENRO |
| 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 act the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and talle of applicative. (NOTE: Registered Agent signature required when reinstaling) DATE FILE NOWILL FEE IS \$150.00 | FI Zip Code 24 | tour | City Ord | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITILE BURROUGHS, WAYNE A STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32807 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE BURROUGHS, WAYNE A STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32807 ITILE NAME STREET ADDRESS CITY-ST-ZIP ORLANDO STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE STREET ADDRESS CITY-ST-ZIP TITLE | - 102072 | | | ourpose of changing its register | statement for the p | | the obligations of regi |
| After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 IIILE D Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Change AC Chan | DATE | equired when reinstating) | stered Agent signatura requ | if applicable. (NOTE: Register | egistered agent and title | d or printed name of re | |
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| 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 informat 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 dire 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 changed, or on an attachment with an address, with all other like empowered. SIGNATURE: Wayne A. Burrougks 3-/5-05 (407) 380-5889 | ide under oath; that I am an officer or director at my name appears in Block 10 or Block 11 if | e the same legal effect as if made unde er 607, Florida Statutes; and that my na | gnature shall have the guired by Chapter of the A. But | and accurate and that my signs of to execute this report as requil other like empowered. Way | ntal report is true rustee empowere in address, with a | ort or supplemen the receiver or tr ttachment with ar | indicated on this rep of the corporation or changed, or on an a |