
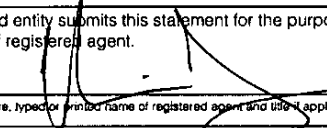
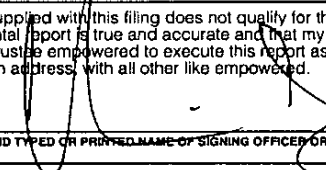


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90285 013 ***150.00

DOCUMENT # P03000031499 1. Entity Name CHRISTOPHER J. CYGUL, P.A.																																					
Principal Place of Business 8297 CHAMPIONS GATE BLVD #306 CHAMPIONS GATE, FL 33896			Mailing Address 8297 CHAMPIONS GATE BLVD #306 CHAMPIONS GATE, FL 33896																																		
2. Principal Place of Business 52 RILEY ROAD		3. Mailing Address 52 RILEY ROAD																																			
Suite, Apt. #, etc. #306		Suite, Apt. #, etc. #306																																			
City & State CELEBRATION, FL		City & State CELEBRATION, FL		4. FEI Number 56-2337999																																	
Zip 34747		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																	
6. Name and Address of Current Registered Agent CYGUL, CHRISTOPHER J 8297 CHAMPIONS GATE BLVD #306 CHAMPIONS GATE, FL 33896			7. Name and Address of New Registered Agent Name CHRISTOPHER J. CYGUL Street Address (P.O. Box Number is Not Acceptable) 52 RILEY ROAD #306 City CELEBRATION FL Zip Code 34747																																		
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. SIGNATURE  4.20.05 <small>Signature, typed or printed name of registered agent and title, applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>																																					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																			
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> PRES CYGUL, CHRISTOPHER J MR 8297 CHAMPIONS GATE BLVD #306 CHAMPIONS GATE, FL 33896 <input type="checkbox"/> Delete </td> </tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES CYGUL, CHRISTOPHER J MR 8297 CHAMPIONS GATE BLVD #306 CHAMPIONS GATE, FL 33896 <input type="checkbox"/> Delete															11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 52 RILEY ROAD #306 CELEBRATION, FL 34747 </td> </tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 52 RILEY ROAD #306 CELEBRATION, FL 34747														
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES CYGUL, CHRISTOPHER J MR 8297 CHAMPIONS GATE BLVD #306 CHAMPIONS GATE, FL 33896 <input type="checkbox"/> Delete																																				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 52 RILEY ROAD #306 CELEBRATION, FL 34747																																				
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: 			Date 4.20.05 Daytime Phone # 407-363-1558																																		