2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: SIGNATURE AND TYPEROS PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

FILED May 02, 2005 08:00 AM Secretary of State

8/3-873-2433 Daytime Phone #

4-27-05

DO NOT WRITE IN THIS SPACE 4. FEI Number 565-2330642	3654 W CYPRESS STREET	Mailing Address 3654 W CYPRESS STREET TAMPA, FL 33607			ı
3654 W CYPRESS STREET TAMPA, FL 33607 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. Turn familiar with, and accept the colligences of registered agent. SIGNATURE Square, hydro or printed remore of rig state depart and life 1 asphituble. (NOTE: Repaired Agent signature required when rehealting) TILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing Trust Fund Contribution. TOULE SHEET ADDRESS OITY-51-2P TAMPA, FL 33607 TOURS SIEER ADDRESS CITY-51-2P TILE TILE				4. FE! Number Applied Fo 56-2330642 Not Applied Fo Not Applied Fo Status Desired \$8.75 Additional	or
THE Colligations of registered agent. SIGNATURE Signature typid or printed name of registered agent and like if applicable. NOTE Registered Agent eighteure required when relimitation of Trust Pund Contribution. 10. OFFICERS AND DIRECTORS 10. OFFICERS	3654 W CYPRESS STREET				-
10. OFFICERS AND DIRECTORS	the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title FILE NOW!!! FEE IS \$150,00	f applicable. (NOTE. Registere.	d Agent signature require	ired when reinstating) ' DATE 55.00 May Be	ept
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	TITLE VP NAME BAJGIER, LOUIS STREET ADDRESS CITY-S1-ZIP TITLE NAME SIREET ADDRESS CITY-S1-ZIP TITLE NAME SIREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP		nation stated in Co	DO NOT WRITE IN THIS SPACE	-