## 2005 FOR PROFIT CORPORATION ANNUAL REPORT



FILED May 02, 2005 8:00 am Secretary of State

September   Sept	1. Entity Nam	MENT # P03000( ASTERN EMERGENC)	05-02-2005 90383 024 ***150.00										
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Name	Zip	Country		Zip Cour		try	5. Certificate of		Status Desired				
Sags Part RAN CT TALLAHASSEE, FL 32309  6. 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. Tam familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature   Signatu	6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent												
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 access the obligations of registered agent.  SIGNATURE    Signature, lipitad or printed round of registered agent and the A aduktable.	3569 BARTRAN CT												
8. The above named entity submits this statement for the purpose of changing its registered dignet, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    Signature   Signa	IALLAIIA					City					Zip Code	9	
SIGNATURE    Signature   True     Delete   True   Delete   Tru				i.		,				FL		-	
TILE NOWILI FEE IS \$150.00 Specially \$1.005 Fee will be \$550.00 Special Potential Pot													
After May 1, 2005 Fee will be \$550.00  Trust Fund Contribution.    10.	SIGNATURE Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating)  DATE												
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indicated on this report or supplied with this filling 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 suppliemental 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: \_

BE SIGNING OFFICER OR DIRECTOR

Daytime Phone #