FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

FILED Jul 15, 2004 8:00 am Secretary of State 07-15-2004 90004 050 ***150.00

DOCUMENT # PO3200044979



1. Entity Nam	nnouncement Cente	rs, Inc.						
	DO NOT WRIT	EINT	IIS SP	ACE				54062451
			Mailing Address 600 Taylor Road			h ++		01002491
Sulte, Apt.	#. e(C-		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & State Panama City, FL			City & State Panama City, FL			4. FEI Number 11-	Applied Fd	
Zip	Country	-32404	، - ر	Country JSA		5. Contificate of Stat	us Desired	\$8.75 Additional Fee Required
				Name N			s of Current Registered	Agent
	DO NOT A	NDITE		4 4 4 4		G. Parker		
	 A preprint the contract of the preprint of the contract of the co	Company of the State of the Sta		Street Ac	idress (P	.O. Box Number is No	ot Acceptable)	
	IN THIS S	PAUE		2600 1	Γaylor	Road		
				City Pa	nama	City	FL	Zip Code 32404
8. The above the obligati	named entity submits this statement	nt for the purpose (of changing its re	gistered office or	registere	d agent, or both, in th	ne State of Florida. I am fa	amiliar with, and accept
SIGNATURE	Janua Har	KU gent and title it applicable		la G. Parker	ra meniored v	ikan ramataliara	7-12-04	***************************************
	nuary 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Payable to Florida Departmen					9. Election C	Campaign Financing d Contribution.	\$5.00 May Be Added to Fees
10.		ND DIRECTORS		-3.222	la Karl		-1745 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
NAME STREET ADDRESS CITY-ST-ZIP	P/D/S/T Pamela G. Parke 2600 Taylor Pd., f	er Onama City	1 FL 32404	TITLE NAME STREET ADDRESS CITY-ST-ZIP				
IITLE NAME STREET ADDRESS CITY-ST-ZIP				NAME STREET ADDRESS COTY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·		NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRI	
TITLE NAME STREET ADDRESS GITY-ST-ZIP	d			NAME STREET ADDRESS CITY-ST-ZIR		INT	HIS SPAC	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				INILE HAME STREET ADDRESS CITY ST. ZP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				AITLE** NAME STREET ADDRESS; CITY-S1-ZIP				
12. I hereby o	tertify that the information supplied	with this filling doe	s not qualify for th	ne exemption stat	ed in Sec		ida Statutes. I further cer	tify that the information

percental report is true and accurate and triat my signature shall have the same regareneous as nitrade dider dath; that it am an officer of directories or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an

Pamela G. Parker

850-814-9578

Affachment



D4062451 # PO 3000044979

July 13, 2004

Department of State
Division of Corporations
Tallahassee, FL

Please see the attached UBR and filing fee of \$150. As per telephone inquiry regarding the fee, \$150 is being submitted due to not receiving the UBR requirement until now.

Thank you,

Pamela G. Parker

President