## 2005 FOR PROFIT CORPORATION

## FILED May 05, 2005 8:00 am Secretary of State

ANNUAL REPURI						Scerciary of State				
DOCUMENT # P03000082642  1. Entity Name TWO LONE WOLVES INC						05-05-200	5 90098 03:	5 ***150	).00	
Principal Place of Business		Mailing Address								
5460 RIVER FRONT DRIVE APT C		<del>5460 River front drive</del> APT C					500	14881	16	
BRADENTON, FL 34208		BRADENTON, FL 34208		: 	F <b>ili I</b> 1400 <b>10</b> 41 <b>61</b> 116 9					
2. Principal Place of Business 300 KIVERSIDE DA		3. Mailing Address 300 RIVELSIDE DL		2						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03302005	Chg-P	CR2E034	4 (10/03)		
0 0		_City & State			4. FEI Number			— <del>——</del>	plied For	
Zip Country		Zip Country			56-2380390 Not Applicable  5 Codificate of Status Decired Section Section 1					
3420	8	34208				of Status Desired	, LJ F,	ee Required		
	6. Name and Address of Current F	Name		7. Name and	Address of New	Registered Ag	ent			
GORT, GREGORY J				ddraes (	D.O. Boy Nivesha	r in Not Assesse	hia)			
5460 RIVERFRONT DRIVE A <del>PT C</del>			300	DOILESS (I	P.O. Box Numbe / <u>モス</u> シノ <i>Dモ</i>	DZ.	DIE) <u>クレ/7モ</u> /	000		
BRADENTON, FL-34208										
					enton		FL	Zip Code	218	
B. 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_	Signature, typed or printed name of registered agent a	nd title il applicable. (NOTE: Reg	gistered Agent signat	ure required	when reinstating)		DATE			
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.0	9. Election Campaign Trust Fund Contribu			.00 May Be ed to Fees					
10.	OFFICERS AND I	DIRECTORS	11.		ADDITIONS/	CHANGES TO C	FFICERS AND I	DIRECTORS	IN 11	
TITLE NAME	P GORT, GREGORY J	☐ Delete	title Name				. 37 <del>7.</del> .	Change	☐ Addition	
.STREET ADDRESS	5460 RIVERFRONT DRAPT.	C.	STREET ADDRESS	300	RIVERS	ID€ DI	/			
, CITY-ST-ZIP	BRADENTON, FL 34208		CITY-ST-ZIP	Bur	DenTo	2 1-4				
TITLE NAME	VP COSTANZO, WILLIAM V	☐ Delete	TITLE NAME			_		<b>⊠</b> Change	☐ Addition	
STREET ADDRESS	5460 RIVERFRONT DR APT C		STREET ADDRESS		RIVERS					
CITY-ST-ZIP	BRADENTON, FL 34208	Пол	CITY-ST-ZIP	BLA	DENTON	. Fz 3		☐ Change	- Addition	
TITLE NAME		☐ Delete	TITLE NAME					L CHange	☐ Addition	
STREET ADDRESS			STREET ADDRESS							
CITY-ST-ZIP TITLE		☐ Delete	CITY-ST-ZIP TITLE				· · · · ·	☐ Change	☐ Addition	
NAME		□ Delete	NAME						٠	
STREET ADDRESS City-St-ZIP			STREET ADDRESS CITY-ST-ZIP							
TITLE		☐ Defete	TITLE	<del>  -</del>				☐ Change	Addition	
NAME			NAME							
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP							
TITLE		□ Delete	TITLE	†		<del></del>		☐ Change	Addition	
NAME			NAME							
CITY-ST-ZIP			STREET ADDRESS CITY+ST-ZIP							
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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:

| SIGNATURE | Dayling Phone | Date | Dayling Phone | Dayling Ph