## 2005 FOR PROFIT COPPORATION ANNUAL REPORT

SIGNATURE:

## FILED Mar 21, 2005 08:00 AM Secretary of State

	711110710 11			C4	
1. Entity Nam	MENT # P0300008823	7		Secretary of Stat	æ
		ailing Address			
1730 MURRAY AVENUE			IS		
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DO NOT WRITE IN THIS SPACE			CF	03182005 No Chg-P CR2E034 (10/03)	
				4. FEI Number   Applied For   20-0139525   Not Applicable	e
				5. Certificate of Status Desired  \$8.75 Additional	
	6. Name and Address of Current Regis	tered Agent		Fee Required	_
CHANDLE	ID DAN ECNA C				ĺ
CHANDLER, DAILEENA C   1730 MURRAY AVE <u>N</u> UE				DO NOT WRITE	
CLEARWATER, FL 33755				IN THIS SPACE	
			ĺ		
8. The above	named entity submits this statement for the r	purpose of changing its register	ed office or registe	red agent, or both, in the State of Florida. I am familiar with, and accep	_
	lions of registered agent	, , , , , , , , , , , , , , , , , , ,			
SIGNATURE.	Signature, typed or printed name of registered agent and fifte	il applicable (NOTE Pegistere	d Agent signature require	d when reinstating) DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00  9. Election Campaign Finance Trust Fund Contribution				ded to Fees	
10.	OFFICERS AND DIRECT	CTORS	-		
NAME	CHANDLER, DAILEENA C			_	
STREET ADDRESS	1730 MURRAY AVENUE				
CITY ST ZIP	CLEARWATER, FL 33755	<del></del>		U00000272302 03/21/05-80084-017 158. <i>7</i> 5	
NAME				U3/21/U3-8UU84-U11 138.15	ĺ
STREET ADDRESS CITY ST-ZIP					
TITLE					
NAME			[		
STREET ADDRESS	_			DO NOT WRITE	- ]
TITLE	<u> </u>	<del></del>		IN THIS SPACE	
name Street address				IN THIS STACE	
City \$1 ZiP			ļ		
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indicated of the cor	on this report or supplemental report is true a	and accurate and that my signal of to execute this report as requi	ture shall have the	ection 119.07(3)(f). Florida Statutes I further certify that the information same legal effect as if made under oath, that I am an officer or director 7. Florida Statutes, and that my name appears in Block 10 or Block 11 if	
changeu,	or or all augument with all address, with a	Trini ind embowered		_	- 1