2	2005 FOR PROFIT ANNUAL F	FILED				
1. Entity Nam	MENT # P0300009680	05		Apr 30 Sec	9, 2005 08:00 AM retary of State	
4808 GLIDIN	Principal Place of Business     Mailing Address       1808 GLIDING HAWK WAY     4808 GLIDING HAWK WAY       ACKSONVILLE, FL     32217					
C	DO NOT WRITE I		CE	04272005 No Chg-P CR2E034 (10/03)		
4808 GLIE	DN, HELGA P DING HAWK WAY WILLE, FL 32217		DO NOT WRITE IN THIS SPACE			
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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE						
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	JACKSONVILLE, FL 32217			U00000 04/30/05-	1345844 -80052-012 150.00	
117LE NAME STREET ADDRESS CITY-ST-ZIP 117LE NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS CITY-ST-ZIP JITLE NAME STREET ADDRESS			DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP					алан на н	
of the cor	certify that the information supplied with this i on this report or supplemental report is trus poration or the receiver or trustee empower , or on an attachment with an address, with <b>TURE:</b>	red to execute this report as requ	tred by Chapter 60.	ection 119.07(3)(1), Florida Statut same legal effect as if made und 7, Florida Statutes, and that my r OH/28/05 Date	tes. I further certify that the information der oath; that I am an officer or director name appears in Block 10 or Block 11 if (604) 536-6244 Daytime Phone #	