2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000115209

FILED Apr 08, 2005 8:00 am Secretary of State 04-08-2005 90083 014 ***150.00

SIST SE JOHNSON AVE 85 SE JOHNSON AVE 10 STUART, R. 34994 STUART	LNJ REA				.•		in in						
Suite Apt 4, etc. City 6 State	851 SE JOHN 101	ISON AVE	S	851 SE JOHNSON AV	/E							(188) ((184)	
City & State City & State	2. Principal Place of Business 3. Mailing Address					······································							
20	Suite, Apt.	#, etc.	<u></u>	Suite, Apt. #, etc.				04052005	Chg-P	CR2E03	4 (10/03)		
County	City & State			City & State									
Name and Address of Qurrent Registered Agent	Zip Country			Zip	Zip Country						8.75 Add	litional	
Name		6. Name	and Address of Current	Registered Agent	1.			1					
STUART, FL 34994 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florita. I am furnisher with, and accept the obligations of registered agent. SIGNATURE SQUEUR, hydrol or read rate of ingusted agent and tile Explosion Control Contr						Name		***************************************					
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SiGNATURE	851 JOHN	SON AVE				Street Addre	ess (I	P.O. Box Numbe	r is Not Acceptab	le)			
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. 1 am familiar with, and uccept fine obligations of registered agent. Signature						City				FL	Zip Cod	e	
SIGNATURE	8. The above	named entit	y submits this statement for	or the purpose of changing	its registe	red office or reg	pister	ed agent, or both	, in the State of F		miliar with.	and accept	
Supplies													
Supplies	SIGNATURE												
### Part	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renstating) DATE												
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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.

Lori J. Riordan 4/5/05 260-8689