2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2004 8:00 am Secretary of State

1. Entity Nam	MENT # P0300012	E,		04-30-2004 90220 041 ***158.75				
Principal Place of Business Mailing Address			 _		94073960			
4446 MEAGER CIRCLE 4446 MEAGER CIRCLE					03	01000		
PORT CHARLOTTE, FL 33948 PORT CHARLOTTE, FL 33948			33948					
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Principal Place of Business Mailing Address								
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Suite, Apt. #, etc.		Suite, Apt. #, etc.		04272004	Chg-P	CR2E034 (10/03)		
City & State			0.00					
City & State		City & State		4. FEI Number	41788	4	plied For at Applicable	
Zip	Country	Zip	Country			\$8.75 Add		
	والمعادر برايين والمتاويتين والمتابية	ال <u>د - عم حراد</u>	للللافة سال والأساد	5. Certificate	of Status Desired	Fee Require		
Name and Address of Current Registered Agent				7. Name and	Address of New I	Registered Agent		
PICHT, MICHAEL						•		
4446 MEAGER CIRCLE			Street Addres	Street Address (P.O. Box Number is Not Acceptable)				
PORT CHARLOTTE, FL 33948			<u> </u>					
			City			FL Zip Cod	е	
8. The above	named entity submits this statement	for the purpose of changing its	registered office or regis	stered agent, or bo	th, in the State of F	orida. I am familiar with,	and accept	
the obligat	tions of registered agent.	•						
SIGNATURE.	•							
	Signature, typed or printed name of registered age	nt and title if applicable. (NOT)	E: Registered Agent signature requ	uired when reinstating)		DATE		
	•	9. Election Campa	ian Einanaina d	E 00				
FIL After M	.E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550		ribution.	55.00 May Be Added to Fees				
L			T-22	ADDITIONS	(0) 144 (0) 50 70 00	FICERS AND DIRECTOR	0.151.44	
TITLE	D OFFICERS AN	D DIRECTORS Delete	11.	ADDITIONS	CHANGES TO OF	Change	Addition	
NAME	PICHT, MICHAEL	El Delete	NAME			ட் புளித்	☐ Appropri	
STREET ADDRESS	4446 MEAGER CIRCLE		STREET ADDRESS					
CITY-ST-ZIP	PORT CHARLOTTE, FL 33948	B	CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition	
NAME			NAME					
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
TITLE		Delete	TITLE			☐ Change	Addition	
NAME		· Delete	NAME		and a section of a			
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			Change	Addition	
NAME CIPCET APPOING	i		NAME STREET ADDRESS					
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP					
TITLE			TITLE	· · · · · · · · · · · · · · · · · · ·		Change	☐ Addition	
NAME		I I Notate						
STREET ADDRESS		☐ Delete	NAME					
		∟ Deiete	NAME STREET ADDRESS					
CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP					
CITY-ST-ZIP		☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE			☐ Change	Addition	
CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP			☐ Change		

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: ###

SHING OFFICER OR DIRECTOR