## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2005 08:00 AM
Secretary of State

DOCU 1. Entity Nam LINE 21,		<b>)4</b>		Secretary of State
Principal Place 14008 BASI TAMPA, FL	N ST	Mailing Address 14008 BASIN ST TAMPA, FL 33625		
DO NOT WRITE IN THIS SPACE  6. Name and Address of Current Registered Agent				02172005 No Chg-P CR2E034 (10/03)  4. FEI Number
SMARGON, SHERI 14008 BASIN ST TAMPA, FL 33625				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  Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating)  DATE				
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Added to Fees				
10.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	D SMARGON, SHER! 14008 BASIN ST TAMPA, FL 33625	CTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		- <u>- 4</u>		U00000316324 04/19/05-80068-025 150.00
NAME STREET ADDRESS GITY-ST-ZIP				DO NOT WRITE
NAME STREET ADDRESS CITY-ST-ZIP		<u> </u>		IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
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-freeliver 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 without address, with all other like empowered.  SIGNATURE:  SIGNATURE:				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Dale Dayline Phone #				