2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

FILED May 03, 2005 08:00 AM Secretary of State

| 1. Entity Nar | IMENT # P030001418 | 56 | | | Secreta | ny oi State |
|--|--|---|--------------------------|--|--|--|
| Principal Place of Business 11946 COLBY CREEK DRIVE JACKSONVILLE, FL 32258 Mailing Address 11946 COLBY CREEK DRIVE JACKSONVILLE, FL 32258 | | | | | | |
| · · · · · · · · · · · · · · · · · · · | | | | * 114.000 11.000 | | |
| | OO NOT WRITE I | | CE | 04262005 4. FEI Number 41-211787 5. Certificate of S | 79 | Applied For Not Applied Str. Not Applied Str. Str. Additional Fee Required |
| | 6. Name and Address of Current Reg NNETH LBY CREEK DRIVE WILLE, FL 32258 | DO NOT WRITE IN THIS SPACE | | | | |
| 8. The above the obliga | e named entity submits this statement for the tions of registered agent. | purpose of changing its registere | ed office or registere | ed agent, or both, in | the State of Florida. I a | m familiar with, and accept |
| SIGNATURE Squature, typed or printed name of registered agent and tille if applicable. (NOTE: Registered agent and tille if applicable. | | | Agent signature required | when (emetaling) | DAT | <u> </u> |
| | E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00 | Election Campaign Finan Trust Fund Contribution. | | 00 May Be | | |
| 10. ITTLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | OFFICERS AND DIRE DP ELLIS, KENNETH 11946 COLBY CREEK DRIVE JACKSONVILLE, FL 32258 | CTORS | | 05 | , U0000035966 /0 5 /05-80003 | e -002 150. c 0 |
| CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE | | | | * * * * * | OT WRIT | |
| NAME STREET ADDRESS CITY-ST-ZIP | | <u>,, , ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,</u> | | IIN LE | IIS SPAC | . |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | · · · · · · · · · · · · · · · · · · · | | g and an an an american |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | - - - | | | | e www. co. Company activities |
| indicated of the corr | erify that the information supplied with this f on this report or supplemental report is true poration or the receiver or trustee empowere or on an attentional with an address, with a | and accurate and that my signatu d to execute this report as require | are shall have the sa | tion 119,07(3)(i), Flo | rida Statutes. I further o | I am an officer or director |