2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 04, 2005 8:00 am Secretary of State 05-04-2005 90154 003 ***150.00

DOCUMENT # P04000014681 Tony Name and Business 100 PMR ISJAND DRNE WINTER HAVEN, R. 33581 US 10595 BDYETTE CREEK BLVD RIVERY NEW, R. 13585 US 20057/949 20057/9							_	03-04-2003	20124 002 13	0.00	
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Street Address (P. O. Box Number is Not Acceptable) City FL Zip Code						Name					
City FL Zip Code 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 obtigations of registered agent. SIGNATURE SIGNATURE Signature, toyed or printed name of registered agent agent. POTE: Registered Agent suprature required view remaining) DATE FILE NOW!!! FEE IS \$150,000 9. Election Campaign Financing Trust Fund Contribution. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILE NAME SIREST ADDRESS CITY-51-2P TILE OFFICERS AND DIRECTORS IN 1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1. NAME SIREST ADDRESS CITY-51-2P TILE OFFICERS AND DIRECTORS IN 1. OFFICERS AND DIRECTORS IN 1. TILE OFF	10505 BOYETTE CREEK BLVD					Street Address (P.O. Box Number is Not Acceptable)					
B. 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 Signature, hoped or private name of registered agent and late if accidable. POTE: Registered Agent signature required when remaining. PILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing Trust Fund Contribution. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE OVINE CHOP NAME SIRET ADDRESS CITY-ST-2P TITLE ORAGINO NAME SIRET ADDRESS CITY-ST-2P TITLE ORAGINO NAME SIRET ADDRESS CITY-ST-2P TITLE ORAGINO NAME SIRET ADDRESS CITY-ST-2P ORAGINO NAME SIRET ADDRESS CITY-ST-2P TITLE ORAGINO NAME SIRET ADDRESS CITY-ST-2P ORAGINO NAME SIRET ADDRESS CITY-ST-2P ORAGINO NAME SIRET ADDRESS CITY-ST-2P TITLE ORAGINO NAME SIRET ADDRESS CITY-ST-2P Change Addition NAME SIRET ADDRESS CITY-ST-2P Change Change Addition NAME SIRET ADDRESS CITY-ST-2P Change Change Addition NAME SIRET ADDRESS CITY-ST-2P CHANGES CITY-S	MACKAIC	VV, I E 3330.	,			City					
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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 reports 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 impowered 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.	CITY-ST-ZIP	1		,	CITY	'-ST-ZIP					
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SIGNATURE:

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #