2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 12, 2005 8:00 am Secretary of State

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Suite, Apt. 4, size. Suite, Apt. 4, size. Suite, Apt. 4, size. D1042005 Chg-P CR2E334 (10/03)	90 TANGERIA	NE STREET	90 TANGERINE STRE							
City & State City & State City & State Country Countr	2. Principal P	face of Business	3. Mailing Address							
Zip Country	Suite, Apt. #, etc.		Suite, Apt. #, etc.			01042005	Chg-P	CR2E0:	34 (10/03)	
S. Name and Address of Current Registered Agent S. Name and Address of Current Registered Agent 7. Name and Address of Name Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florids. I am familiar with, and acceptable or registered agent. GNATURE Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code The above named entity submits this statement for the purpose of changing its registered agent agent, or both, in the State of Florids. I am familiar with, and accepte objects of registered agent. GNATURE Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code The above named entity submits this statement for the purpose of changing its registered agent agent, or both, in the State of Florids. I am familiar with, and accepte objects of registered agent. GNATURE Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code The above named entity submits this statement for the purpose of changing its registered agent agent, or both, in the State of Florids. I am familiar with, and acceptable agent. GNATURE Street Address (P.O. Box Number is Not Acceptable) DATE Zip Code After May 1, 2005 Fee will be \$150,00 A Election Campaign Florids agent a	City & State		City & State			4. FEI Numbe	0-7967	Applied For		
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable)	Zip	Country	Žip	Coun	itry	1		io.	\$8.75 Add	iltional
Street Address (P.O. Box Number is Not Acceptable) City		6. Name and Address of Curren	t Registered Agent	<u> </u>		7. Name and	Address of New			
Street Address (P.O. Box Number is Not Acceptable)	SMITH DEDDY ISD				Name	_				
City	90 TANGE	RINE STREET	-5		Street Address	(P.O. Box Numbe	r is Not Acceptab	4e)		
The above named entity submits this statement for the purpose of changing its registered office or registored agent, or both, in the State of Florida. I am familiar with, and acc the obligations of registored agent. If the obligations of registored agent. IGNATURE Supmire, typed or provide name of registered agent and size if accelerable. OCTE Registered Agent agreement received area remaining. Part Pa					City				Zin Cod	
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ARTER MAY 1, 2005 Fee will be \$550,00 Trust Fund Contribution. Added to Fees D. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. TILE P	SIGNATURE_	Signature, typed or printed harne of registered again	nt and title if applicable. (N	OTE: Registere	d Agent signature required	d when remetating)		DATE	······································	
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