2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000041795

FILED Aug 16, 2005 Secretary of State

Entity Nan	ne: N.C.D. IN	O.					
Current Pi	incipal Place	of Business:	New Prin	New Principal Place of Business:			
512 CARLS KISSIMMEI	SBAD DR E, FL 34758			1630 E. IRLO BRONSON HWY. KISSIMMEE, FL 34744			
Current Mailing Address:				New Mailing Address:			
512 CARLSBAD DR KISSIMMEE, FL 34758				1630 E. IRLO BRONSON HWY. KISSIMMEE, FL 34744			
FEI Number:	75-3148067	FEI Number Applied For ()	FEI Number Not App	olicable ()	Certificate of Stat	tus Desired (X)	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
RIVERA, DAVID 1630 EAST IRLO BRONSON HWY. KISSIMMEE, FL 34744 US				RIVERA, DAVID 512 CARLSBAD DR. KISSIMMEE, FL 34758 US			
The above in the State		ubmits this statement for the p	urpose of changing	its registered	l office or registere	d agent, or both,	
SIGNATURE: DAVID RIVERA				08/16/2005			
	Electron	ic Signature of Registered Age	ent		Date		
Election Can		8(2)(b), F.S., the corporation did no Trust Fund Contribution (). FORS:	•		S TO OFFICERS	AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () RIVERA, CELSO 367 SO. PARKS BENSENVILLE,	ST.	Title: Name: Address: City-St-Zip:		()Change ()Additio	'n	
Title: Name: Address: City-St-Zip:	VP () RIVERA, NELSO 1420 MALLARD HOFFMAN ESTA	LANE	Title: Name: Address: City-St-Zip:	VPT RIVERA, DAV 512 CARLSE KISSIMMEE,	SAD DR.	on	
Title: Name: Address: City-St-Zip:	ST () RIVERA, DAVID 512 CARLSBAD KISSIMMEE, FL		Title: Name: Address: City-St-Zip:	S ALEMAN, MA 2506 TRAPS KISSIMMEE,	IDE CT.	on	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID RIVERA **VPT** 08/16/2005