2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 15, 2005 8:00 am Secretary of State

1. Entity Nam	MENT # P040006				04-15-2005	90080 021	***15	8.75			
884 NAFA D	e of Business RIVE N, FL 33487	Mailing Address 884 NAFA DRIVE BOCA RATON, FL 33487									
	Place of Business	3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04112005	Chg-P	CR2E034 (1	10/03)				
City & State		City & State		4. FEI Number				plied For t Applicable			
Zip	Country	Zip	Countr					8.75 Additional ee Required			
	6. Name and Address of Currer	nt Registered Agent		7. Name and Address of New Registered Agent							
HEATH C	HEGTED A MD			Name							
HEATH, CHESTER A MR. 884 NAFA DRIVE BOCA RATON, FL 33487				Street Address (P.O. Box Number is Not Acceptable)							
				City	•			Zip Code			
				•			TL				
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											
FIL After M	E NOW!!! FEE IS \$150.00 • ay 1, 2005 Fee will be \$550	9. Election Campa Trust Fund Cont			.00 May Be						
			• • •								
10.	CEO OFFICERS AN		11.		" 	HANGES TO OFFI					
NAME	HEATH, CHESTER A MR.	☐ Delete	TITLE	. L) 	<1+. k		Change	Addition		
STREET ADORESS	884 NAFA DRIVE			ET ADDRESS \	- 44.03 Ha	k Hall	~~ð				
CITY-\$T-ZIP	BOCA RATON; FL 33487		CITY-		cike Wo			346	, 1		
TITLE	COO	⊅ Delete	TITLE					Change	▼ Addition		
NAME	TRASK, MATHEW H MR.		NAME		card E	erman					
STREET ADDRESS CITY-ST-ZIP	3105 CANTERBURY DRIVE BOCA RATON, FL 33434	r		ET ADDRESS 1 C	وع تجط / لا	1 W 5 *1					
TITLE	VP	☐ Delete	TITLE		Inntatio	n, Fleri		<u>667</u>			
NAME	DUNKLE, JOHN MR.	. La Delete	NAME		ese Mar	ie Her	. —	Change -	(Addition		
STREET ADDRESS	1039 ISLINGTON STREET		STREE	T +000C00	34 NV&"	-					
CITY-\$1-ZIP	PORTSMOUTH, NH 03801		CITY-	ST-ZIP Q	20 cm 13 0.5	17. co	334 8				
TITLE	VP	☐ Delete	TITLE			•		Change	Addition		
NAME STREET ADDRESS	DVORAK, JOHN C MR. 751 GATEVIEW AVE.		NAME	ET ADDRESS							
CITY-ST-ZIP	ALBANY, CA 94106		1	ST-ZIP							
TITLE	DIR	☐ Delete	TITLE			·····	П	Change	☐ Addition		
NAME	MOYNIHAN, MARTIN D MR.		NAME		•		· • •	, and the second	1,4000000		
STREET ADDRESS	2067 WOODFORD RD.			ET ADORESS							
CITY-ST-ZIP	VIENNA, VA 22182		CITY-	ST-ZIP							
TITLE NAME		☐ Delete	TITLE	1				Change	Addition		
STREET ADDRESS			NAME STREE	T ADORESS							
CITY-ST-ZIP				ST-ZIP							
12. I hereby of indicated	certify that the information supplied wi	th this filing does not qualify fo	r the exer	nption stated in Se	ection 119.07(3)(i),	Florida Statutes. I	further certify th	at the in	formation		

of the corporation or the receiver of trustee and ownered 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.

SIGNATURE:	Com H		4-11-65	561 988 - 0199
	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #	