2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 18, 2005 8:00 am Secretary of State

1. Entity Nam	MENT # P0400068					03-18-2005	90072 0:	23 ***150	0.00
Principal Plac	e of Business	Mailing Address							
5141 HERON PLACE 5141 HERON PLACE						· *	00000		
COCONUT CREEK, FL 33073 US CO		COCONUT CREEK, FL 33073 US				50	02772	28	
)	ININ NISU NEM ROM O			INTERNITOR
2. Principal P	lace of Business	3. Mailing Address							
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Suite, Apt. #, etc.		Suite, Apt. #, etc.		03062005	Chg-P	CR2EC	34 (10/03)		
City & State		City & State			4. FEI Number			IΔr	plied For
City of State		Oily & State			27	-0092	Prr		t Applicable
Zip	Country	Zip	Country		5 Certificate o	of Status Desired		\$8.75 Add	litional
						<u> </u>		Fee Require	d
	6. Name and Address of Current	Registered Agent	Name	3	7. Name and /	Address of New	Registered	Agent	
WILLIAMS	ON, CHARLES R		142.11	•					
5141 HERON PLACE			Street	t Address (P.O. Box Number	is Not Acceptab	ole)		
COCONUT CREEK, FL 33073			 						
			- City					1 7: 0 (
			City				FL	Zip Cod	е
	named entity submits this statement for ions of registered agent.	Manie	registered office	or register	ed agent, or both		lorida. 1 am		and accept
	Signeture, typed or printed name of registereb agent a	nd title if applicable. (NOTE	: Registered Agent sig	nature required	when reinstating)		DATE		
FIL After Ma	Signamon typed or printed name of registered agont in the NOWIII FEE IS \$150.00 ay 1, 2005 Fee will be \$550.0	9. Election Campai	gn Financing	\$5.	.00 May Be		DATE	.	
FIL After Ma	E NOWIII FEE IS \$150.00	9. Election Campaig	gn Financing	\$5.	.00 May Be ed to Fees	CHANGES TO OF	DATE) DIRECTOR	S IN 11
10.	E NOWIII FEE IS \$150.00 ay 1, 2005 Fee will be \$550.0	9. Election Campaig	gn Financing ibution. [\$5.	.00 May Be ed to Fees	CHANGES TO OF	DATE	DIRECTOR:	S IN 11
10. TITLE NAME	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.0 OFFICERS AND PRES WILLIAMSON, CHARLES R	9. Election Campaig	gn Financing ibution. [\$5.	.00 May Be ed to Fees	CHANGES TO OF	DATE		
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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 report is 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 empowered 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: * SIGNATURE AND TYPED OF PRINTED VALUE SIGNAMO OFFICER OR DISPECTOR

3/14/05

954 427-65-04 Daytime Phone #