## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

Principal Place of Business  Melling Address 9385 N 56TH ST SUITE 200 City & State  Country  To Registered Agent  To Name and Address of New Registero  Name  Street Address (P.O. Box Number is Not Acceptable)  Suite 200 TeMPLE TERRACE, FL 33817  City  F  Street Address (P.O. Box Number is Not Acceptable)  SIGNATURE  Sequence, Speed or printed norm of registered agent.  FILE NOWILL FEE 1S \$150.00 After May 1, 2005 Fee will be \$550.00  Trust Fund Contribution.  Debte International Countribusions (P.O. Box Number is Not Acceptable)  To Street Address (P.O. Box Number is Not Acceptable)  SIGNATURE  Sequence, Speed or printed norm of registered agent and table it assistable.  NOTE Reputated Agent popular required wear indivated area indivated in a registered agent, or both, in the State of Florida. I as the obligations of registered agent.  FILE NOWILL FEE 1S \$150.00 After May 1, 2005 Fee will be \$550.00  Trust Fund Contribution.  Added to Fees  Internationals States of States	2: 01 TATE
2. Principal Piace of Business  3. Mailing Address  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  Country  6. Certificate of Status Desired   8. Name and Address of Quyrent Registered Agent  Name  Sirect Address (P.O. Box Number is Not Acceptable)  Sirect Address (P.O. Box Number is Not Acceptable)  City  F  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. Let the obligations of registered agent.  SIGNATURE  Signature, Open or prisiod name of registered agent and title if applicable.  (NOTE Regulared Agent application in required when rehitrating)  Date  FILE NOWIII FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  Trust Fund Contribution.  Deate  ITIE  D  Deate  ITIE  MCMILLAN, JOHN E  SIRET ADDRESS  G1 / 77 / 05 - 80812  City  FILE NOWILLAN, JOHN E  SIRET ADDRESS  G1 / 77 / 05 - 80812  STREET ADDRESS  G1 / 77 / 05 - 80812  City  FILE NOWILLAN, JOHN E  SIRET ADDRESS  STREET ADDRESS	OKIDA
Suite, Apt. #, etc.   Suite, Apt. #, etc.   01032005 Chg.P CR26  City & State   City & State   4. FEI Number    Zip   Country   Zip   Country   5. Certificate of Status Desired    6. Name and Address of Current Registered Agent   7. Name and Address of New Registered Agent    MCMILLAN, JOHN E   Street Address (P.O. Box Number is Not Acceptable)    SUITE 200   TEMPLE TERRACE, FL 33817   City   F  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 as the obligations of registered agent.  SIGNATURE   Signature, byed or protect name of registered agent and tise it applicable. (NOTE Registered Agent signature required when reheating)   DATE    FILE NOWILL FEE IS \$150.00   P. Election Campaign Financing   \$5.00 May Be Added to Fees    10. OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AT ITILE   D   Details   ITILE   NAME   UCODIO 17326   City O77/05-80012   City	
Zip Country Zip Country 5. Certificate of Status Desired  6. Name and Address of Gurrent Registered Agent 7. Name and Address of New Registered  Mame  MCMILLAN, JOHN E  9385 N 56TH ST  SUITE 200  TEMPLE TERRACE, FL 33817  City F  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 as the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when rehreating)  DATE  FILE NOWILL FEE 18 \$150.00  After May 1, 2005 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution. Added to Fees  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND STREET ADDRESS  (ICODD 17 728  ITTLE MCMILLAN, JOHN E  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  (1/07/05-80012	E034 (10/03)
Experiment of registered agent agent and tide it applicable.    Signature   Si	Applied For Not Applicable
MCMILLAN, JOHN E 9385 N 56TH ST SUITE 200 TEMPLE TERRACE, FL 33817  City  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 as the obligations of registered agent.  SIGNATURE  Signature, typed or printed pame of registered agent and title if applicable.  FILE NOWILL FEE 18 \$150.00 After May 1, 2005 Fee will be \$550.00  P. Election Campaign Financing Trust Fund Contribution.  Thus D MCMILLAN, JOHN E NAME MCMILLAN, JOHN E STREET ADDRESS  9385 N 56TH ST SUITE 200  STREET ADDRESS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND STREET ADDRESS  11. ADDITIONS/CHANGES TO OFFICERS AND STREET ADDRESS  12. TITLE NAME NAME NAME STREET ADDRESS  13. ADDITIONS/CHANGES TO OFFICERS AND STREET ADDRESS  14. ADDITIONS/CHANGES TO OFFICERS AND STREET ADDRESS  15. TITLE NAME NAME NAME STREET ADDRESS  16. STREET ADDRESS  17. ADDITIONS/CHANGES TO OFFICERS AND STREET ADDRESS  18. THE NAME NAME NAME NAME STREET ADDRESS  19. STREET ADDRESS  10. OFFICERS AND STREET ADDRESS  11. ADDITIONS/CHANGES TO OFFICERS AND STREET ADDRESS  12. ADDRESS  13. ADDITIONS/CHANGES TO OFFICERS AND STREET ADDRESS  14. ADDRESS  15. ADDRESS  16. OFFICERS AND STREET ADDRESS  17. ADDRESS  18. AD	\$8.75 Additional Fee Required
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TEMPLE TERRACE, FL 33617  City  E. 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 as the obligations of registered agent.  SIGNATURE  Signature, typed or privid name of registered agent and title if applicable.  FILE NOWILI FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  Trust Fund Contribution.  Designature required when rehatating)  DATE  FILE NOWILI FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  Trust Fund Contribution.  Designature required when rehatating)  DATE  FILE NOWILI FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  Trust Fund Contribution.  Added to Fees  TITLE  NAME  MCMILLAN, JOHN E  STREET ADDRESS  G11, 707, 05-80012	
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NAME MCMILLAN, JOHN E NAME U[000017328 STREET ADDRESS 01/07/05-80812	ND DIRECTORS IN 11
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12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further of 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 of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appear changed, or on an attachment with an address, with all other like empowered.  SIGNATURE:  [8/3]	certify that the Information I am an officer or director I in Block 10 or Block 11 if