## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000102808

## FILED Aug 12, 2005 8:00 am Secretary of State

08-12-2005 90002 045 \*\*\*150.00

### Address   Mailing Address   A455 RIMS NECK ROAD   A455 RIMS NE	4455 RING N		TS, INC.									
Sute, Apt. #, etc.  Sute, Apt. #, etc.  Sute, Apt. #, etc.  Sute, Apt. #, etc.  Cry & State  Cry	UKLANDO, FI	NECK ROAD	3 .	4455 RING NECK ROAD				50061256				
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City & State  Ci									RWIII MINT NOTE AREN I			<b>                                    </b>
Zip Country				Suite, Apt. #, etc.						CR28		
S. Name and Address of Current Registered Agent  KHAN, MOHAMMAD O 4455 RING NECK ROAD ORLANDO, FL 32808  8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the doublastic or registered digent, or both, in the State of Florida. I am familiar with, and accept the doublastic or registered digent.  8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the doublastic or registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the doublastic or registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the doublastic or registered agent, or both, in the State of Florida. I am familiar with, and accept the doublastic or registered agent, or both, in the State of Florida. I am familiar with, and accept the doublastic or registered agent, or both, in the State of Florida. I am familiar with, and accept the doublastic or registered agent, or both, in the State of Florida. I am familiar with, and accept the doublastic or registered agent, or both, in the State of Florida. I am familiar with, and accept the doublastic or registered agent, or both, in the State of Florida. I am familiar with, and accept the professional difference or registered agent, or both, in the State of Florida. I am familiar with, and accept the professional difference or registered agent, or both, in the State of Florida. I am familiar with, and accept the professional difference or registered agent, or both, in the State of Florida. I am familiar with, and accept the professional difference or registered agent, or both, in the State of Florida. I am familiar with, and accept the professional difference or registered agent are required when resistancy in the professional difference or registered	City & State			City & State				4. FEI Number <b>20</b>	-1365T	71		
Name	Zip		Country	Zip	Coun	try .		5. Certificate	of Status Desired			
Street Address (P.O. Box Number is Not Acceptable)	6. Name and Address of Current Registered Agent							7. Name and	Address of New	Registere	d Agent	
A455 RING NECK ROAD  ORLANDO, FL 32808  8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature lives agent and see it acquitable.    NOTE Registered Agent signature required when remaining   DATE	KHAN MC					Name	•	•				
City   FL   Zip Code	4455 RING NECK ROAD					Street Address (P.O. Box Number is Not Acceptable)						
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature, types or prined name of registered agent and title? applicable. (NOTE: Regarded Agent signature required when reinstating)   Part	011211120	>, 1 2 020									1 = 1 = 1	
SIGNATURE   Signature, typed or printed name of registered agent and ble if applicable. (NOTE: Registered Agent signature required when remistating)   DATE						1					<b>L</b>	
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE STREET ADDRESS STREET ADDRESS CITY-ST-2IP TITLE STREET ADDRESS STREET ADDR				for the purpose of changing its	registere	ed office or re	egistere	ed agent, or bo	th, in the State of	Florida. I a	m familiar with,	and accept
Trust Fund Contribution. Added to Fees   Corporation did not receive the prior notice.  10.   OFFICERS AND DIRECTORS   11.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.1  TITLE   P	SIGNATURE	Signature, typed	or printed name of registered age	nt and title if applicable. (NOT	E: Registere	d Agent signature	required v	when reinstating)		DATE	<u> </u>	
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12. Thereby 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 any address, with all other like empowered.

SIGNATURE:

HHMW Way
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/02/05

407-296-6520

Daytime Phone #