2005 FOR PROFIT CORPORATION ANNUAL REPORT

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S. Islame and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CARMONA, JON P 203 SANDERS CEMETERY RD SOPCHOPPY, FL 32358 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 Fiorida. I am familiar with, and accept the obligators of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligators of registered agent agent registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligators of registered agent agent registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligators of registered agent agent registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligators of registered agent agent registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligators of registered agent agent registered agent. FILE NOWILL FEE Is \$150.00 9. Election Campaign Financing File Flowing Fee will be \$550.00 9. Election Campaign Financing File Flowing Fee will be \$550.00 9. Election Campaign Financing File Flowing Fee will be \$550.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 NAME SITER AURIESS CITY-ST-2P 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 NAME SITER AURIESS CITY-ST-2P 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 NAME SITER AURIESS CITY-ST-2P 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 NAME SITER AURIESS CITY-ST-2P 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 NAME SITER AURIESS CITY-ST-2P 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 NAME SITER AURIESS CITY-ST-2P 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 NAME SITER AURIESS CITY-ST-2P 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 NAME SITER AURIESS CITY-ST-2P 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 NAME SITER AURIESS CITY-ST-2P 12. Inse	Ceansferduille F.	Leawfor	0.0111		\$9.75 Add	ot Applicable	
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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 Fords. I am familiar with, and accept the obligations of registered agent. SIGNATURE STEATURE	203 SANDERS CEMETERY RD		Street Address (P.O. Box Number is Not Acceptable)				
8. The above named entity gubmits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fordet. I am familiar with, and accept the obligations of registred agent. Signature	001 011011 1,12 02000			Connie Raker	PS.		
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SIGNATURE: 4-20-05 926-3879 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylime Phone #	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						