2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2005 8:00 am Secretary of State 05-02-2005 90486 040 ***150.00

DOCUMENT # P04000108683 1. Entity Name WILL ELDER, INC.)	05-02-2005 9	90486 040 ***150	0.00
Principal Place of Business Mailing Address						Ī .,	.00	711	
P O BOX 369	-		P 0 BOX 369			40073711			
DADE CITY, FL 33526-0369 DADE CITY, FL 33526-0369						'{			
a Director Description									
2. Principal P 3523		ano ade St	3. Mailing Address P.O. Box 369			[0 0 0 1 0 02 E0			
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04212005	Chg-P	CR2E034 (10/03)	
City & Stat	a.	~	City & State			4. FEI Numbe	1	I Ar	plied For
DADE	City,	MA	DADE CITY, MA		20	0-1555040		t Applicable	
3352	4	Country	33525	رِين کي ا	5°A	5. Certificate	of Status Desired	S8.75 Add Fee Require	
6. Name and Address of Current Register			Registered Agent			7. Name and	Address of New R	egistered Agent	
CORPORATE CREATIONS NETWORK INC.						WILL ELDER			
11380 PROSPERITY FARMS RD					Street Address (P.O. Box Number is Not Acceptable)				
# 221E PALM BEACH GARDENS, FL 33410					55255	- 13- 7/0			
					City Da Dr. Curta FL 292626				
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 agasts.)									
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees									
10.	D	OFFICERS AND I		11.		ADDITIONS/	CHANGES TO OFF	ICERS AND DIRECTOR:	S IN 11
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CITY-ST-ZIP				-	-ST-ZIP				
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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.

GNATURE:

| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR