2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000110955

FILED Aug 11, 2005 8:00 am Secretary of State

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Principal Place of Business 881 WESON DR CASSELBERRY, FL 32707 2. Principal Place of Business Sulle, Apt. #, etc. Sulle, Apt. #, etc. Sulle, Apt. #, etc. Sulle, Apt. #, etc. City & State Country Zip Country Zip Country Zip Country Zip Country Sulle, Apt. #, etc. 6. Name and Address of Current Registered Agent Theme and Address of New Registered Agent DE LA CRUZ, MANUEL A 881 WESON DR CASSELBERY, FL 32707 Signal Address (P.O. Box Number is Not Acceptable) City Casselberry City Casselberry City Casselberry FL Zip Code City Casselberry FL Zip Code City Casselberry Signal Address (P.O. Box Number is Not Acceptable) City Casselberry FL Zip Code City Casselberry FL Zip Code City Casselberry Signal Address (P.O. Box Number is Not Acceptable) City Casselberry FL Zip Code City Casselberry FL Zip Code City Casselberry FL Zip Code City Casselberry Signal Address (P.O. Box Number is Not Acceptable) City Casselberry FILE NowTill FEE Is \$150.00 Pub by September 7, 2005 Signal Address (P.O. Box Number is pub in the State of Florida. I am familiar with, and accordance with s. 607.193(2)(b), F.S., the state of Florida is not proportion did not receive the prior notice. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILE MAKE MANUEL, DE LA CRUZ A SIREH ADDRESS MANUEL, DE LA CRUZ A SIREH ADDRESS SIREH ADDRESS
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Name Street Address (P.O., Box Number is Not Acceptable) CASSELBERY, FL 32707 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 acceptable obligations of registered agent. SIGNATURE Signature. Typed or primed issue of registered agent and take if applicable. (NOTE: Registered Agent agrature required when rendstang)) DATE FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005 P. Election Campaign Financing Trust Fund Contribution. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. ITIE PST MANUEL, DE LA CRUZ A NAME
DE LA CRUZ, MANUEL A 881 WESON DR CASSELBERY, FL 32707 Stept Address (P.O. Box Number is Not Acceptable) City Casselberry FL Zip Code 3270 3. 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 acceptable obligations of registered agent. SIGNATURE Signature, typed or primed name of registered agent and title if applicable. (NOTE: Registered Agent agreetive required when renations) DATE FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005 9. Election Campaign Financing Trust Fund Contribution. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. ITILE PST MANUEL, DE LA CRUZ A NAME MANUEL, DE LA CRUZ A Stept Address (P.O. Box Number is Not Acceptable) City Casselberry FL Zip Code 3270 DATE In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. ITILE PST MANUEL, DE LA CRUZ A NAME
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reflectly carry man the incommunication supplied with this fining coes not quality for the exemption stated in Section 119.07(3)(i). Honda 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 eath; 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.

Pa SIGNATURE AND TYPED OR PRINTER HAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #