2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

ANNUAL REPORT (AR)					_	
1. Entity Nar	MENT # P0400012309				FILED 05 OCT PH : 24	
Principal Place of Business 649 US HWY ONE SUITE 12 B NORTH PALM BEACH FL 33408		Mailing Address 649 US HWY ONE SUITE 12 B NORTH PALM BEACH FL 33408		08		
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			1st MOORE CR2E034 (10/04)	
City & State		City & State			4. FEI Number Applied For Not Applied For Not Applied For	
Zip	Country Zip		Country		5. Certificate of Status Desired \$8.75 Additional Fee Required	
1	in Alama and Assissar of Sumani.	Tryindarus' Agent'		Name	7 Alamo and Address of New Rugistered Agent	
132	EG, JERRY G SR. 27 155TH PLACE NORTH TITER FL 33478			Street Address	Street Address (P.O. Box Number is Nut Acceptable)	
				City	FL Zip Code	
 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 agent. 						
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agen) signature required when reinstating) DATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State 9. Election Campaign Financing Trust Fund Contribution. Added to Fees						
10.	OFFICERS AND I	L DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
THE	PRES	Delete	TITLE		Change Addition	
NAME STREET ADDRESS CITY-ST-ZIP	SAIEG, JERRY G SR. 13227 155TH PLACE NORTH JUPITER FL 33478		NAME STREE CITY :	T ADDRESS	400060725044 10/18/0501074003 **150.00	
NAME STREET ADDRESS CHY-ST-ZIP	VP SAIEG, JERRY G SR. 13227 155TH PLACE NORTH JUPITER FL 33408	☐ Delete	TITLE NAME STREE CITY-S	T ADDRESS ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZĪP	SEC SAIEG, JERRY G SR 13227 155TH PLACE NORTH JUPITER FL 33408	☐ Delete	TITLE NAME STREE CITY-S	T ADDRESS ST-ZIP	Change Addition	
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREE CITY-S	T ADDRESS ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREE CITY-S	T ADDRESS ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET CITY-S	I ADDRESS ST-ZIP	☐ Change ☐ Addition	
12. Thereby of indicated	certify that the information supplied with on this report or supplemental report is	this filing does not qualify for true and accurate and that m	the exem	option stated in Se	Section 119.07(3)(i), Florida Statutes. I further certify that the information e same legal effect as if made under oath; that I am an officer or director	

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.

SIGNATURE: