2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2005 8:00 am Secretary of State

ANNUAL REPORT					Secretary of State				
DOCUMENT # P04000143264						05-02-20	05 90429	022 ***150	0.00
1. Entity Nam									
O.IX. ELVI	ERAGING SYSTEM, INC.								
Principal Plac	e of Business	Mailing Address	•		4	00745	28		
717 EAST OAK STREET Kissimmee, Fl. 34744 us		717 EAST OAK STREET Kissimmee, Fl. 34744 us			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
NISSIMINEE,	FL 34744 US	KISSIMMEE, FL 34744	+ 03						
2 Principal P	Place of Business	3. Mailing Address							
200 Meres Blvd.		3. Walling Address				aalii Biah aalii a		00 11110 11210 D1191 D1	
Suite, Apt. #, etc. Unit 28		Suite, Apt. #, etc.			02112005	Chg-P	CR2	2E034 (10/03)	
City & Stat	n Springs, FL	City & State			4. FEI Numbe	, 756447	,	, , , , , , , , , , , , , , , , , , ,	oplied For ot Applicable
Zip	Country	Zip	Country			of Status Desi		\$8.75 Ad	ditional
34689	6. Name and Address of Currer	t Registered Agent	<u>}</u>			Address of N		Fee Require	ed
	o. Name and Address of Ourier	it neglation Agent	Name				ew neglaten	eu Agent	
SWART, HARRY J 717 EAST OAK STREET			Street A		C. Ri D. Box Numbe	vera er is Not Accer	otable)		
	EE, FL 34744				Meres		Unit	28	
								T =: -	
			City		on Spr				689
	e named entity submits this statement tions of registered agent.	for the purpose of changing its	registered office o	r registered	agent, or bot	h, in the State	of Florida. 1	am familiar with,	and accept
,	Vum C. Ri	 				4/20) he		
SIGNATURE_	signate e, typed or printed name of registered age					110-1			
	pgrade, types of planted harne of registered age	nt and title if applicable. (NOT	E: Registered Agent signa	ture required wh	en reinstating)	. , , , , ,	DAT	rε	
PII					I		DAT	ΤE	
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12. I hereby 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 an address, with all other like empowered.

SIGNATURE:

TORE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/05

Daytime Phone #