2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

FILED Apr 28, 2005 8:00 am Secretary of State 04-28-2005 90218 040 ***150.00

| 1. Entity Nam | e | # PU4000 R | | | | | | | | |
|--|------------------|---------------------------------------|-------------------------------|--|------------------------------|---------------------------|---|--------------|-------------------|---------------------------------|
| Principal Place of Business | | | Mailing Address | Mailing Address | | | | | | |
| 5609 JEFFERSON ST. HOLLYWOOD, FL 33023 US | | | | 5609 JEFFERSON ST. HOLLYWOOD, FL 33023 US | | | . ===================================== | 6511 | IN 81811 (3811 BE | 71 48 7 (4 4 33 1 |
| 2. Principal Place of Business | | | 3. Mailing Addres | 3. Mailing Address | | | | | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc | Suite, Apt. #, etc. | | | Chg-P | CR2E00 | 34 (10/03) | |
| City & State | | | City & State | | | 4. FEI Numb | 20-2133 | 295 | | piled For ot Applicable |
| Zlp | Country | | Zip | Cour | ntry | | of Status Desired | | \$8.75 Add | |
| 6. Name and Address of Current Registered Agent | | | | | Name | 7. Name and | Address of New | Registered A | gent | |
| SIBLEY, DANA 5609 JEFFERSON ST. HOLLYWOOD, FL 33023 | | | | | | (P.O. Box Numb | er is Not Acceptab | ie) | | |
| | | | | | City | | | FL | Zip Code | е |
| 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 agent. | | | | | | | | | | |
| SIGNATURE_ | Signature, typed | for printed name of registered ag | pent and title if applicable. | ed Agent signature required | d when reinstating) | | DATE | | | |
| | | FEE IS \$150.00 5 Fee will be \$55 | i | Campaign Fina nd Contribution. | | .00 May Be led to Fees | | | | |
| 10. | | OFFICERS A | ND DIRECTORS | 11. | | ADDITIONS | CHANGES TO OF | FICERS AND | DIRECTOR | S IN 11 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | DANA FERSON ST. OOD, FL 33023 | 🗀 Dele | MAN RT2 | | | | | ☐ Change | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Deiæ | NAA Stri | | | _ | | ☐ Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Dele | ete 1111. Nam Stri | E | | | | Change | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | □ Dele | NA.V Stri | | | | | Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Dete | NAM Stri | | | | , | Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | \$77424 14 | ☐ Dele | · NAN | E EET ADORESS '-ST-ZIP | | | | Change | Addition |
| 12. I hereby certify that the information supplied with this filling 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. | | | | | | | | | | |

JRE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR