

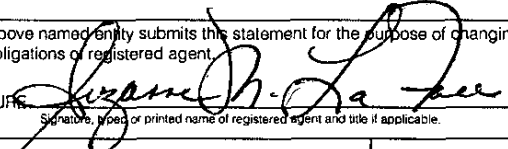
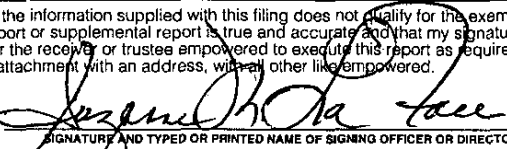


2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P04000173518 1. Entity Name FARGO LOA, INC.						FILED 05 SEP 14 PM 5:12 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 14 E. WASHINGTON STREET, SUITE 406 ORLANDO, FL 32801				Mailing Address 14 E. WASHINGTON STREET, SUITE 406 ORLANDO, FL 32801			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		 09122005 Chg-P CR2E034 (10/03)			
City & State		City & State					
Zip		Zip					
Country		Country					
4. FEI Number 20-2325986				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SPILLER, RICHARD J 14 E. WASHINGTON STREET, SUITE 406 ORLANDO, FL 32801				7. Name and Address of New Registered Agent Name LaFace, Suzanne M. Street Address (P.O. Box Number is Not Acceptable) 14 E. Washington Street, Suite 406 City Orlando FL Zip Code 32801			
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:  DATE: 9/12/2005 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
Amended AR is \$61.25				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST GARO, THOMAS C 14 E. WASHINGTON STREET, SUITE 406 ORLANDO, FL 32801 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500059957955 09/26/05--01058--008 **\$61.25		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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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: 				Date: 9/12/2005 Daytime Phone #: 407-420-2006			