## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 30, 2005 08:00 AM Secretary of State

ANNUAL KEPUKI					Apr 30, 2003 00:00 A			
1. Entity Nar	IMENT # P05915  THE POSSIBLE PROPERTY OF THE P	. OF KANSAS			Sec	retary of St	ate	
208 EAST WOODLAWN RD STE, 200		Mailing Address 208 EAST WOODLAWN RD STE, 200 CHARLOTTE, NC 28217 US						
r	O NOT WRITE I	N THIS SPAC	<b>&gt;</b> E	04202005 4. FEI Number 34-146	No Chg-P 7168	CR2E034 (10/03)	ed For	
	<u> </u>			5. Certificate	of Status Desired	Fee Required	181	
	6. Name and Address of Current Regi	stered Agent						
1200 S. P	ORATION SYSTEM INE ISLAND ROAD ION, FL 33324		DO NOT WRITE IN THIS SPACE					
8. The above	named entity submits this statement for the	burnose of changing its registerer	d office or register	ed agent, or both	h. in the State of Flor	ide. I am familiar with, and	accept	
the obligat	tions of registered agent.	The state of the s			***************************************	The second secon	<b>40-</b>	
SIGNATURE							_	
Signistives, typoic or printed name of registered eyers and title if applicable. (NOTE Registered Ayers eignisture required when reinstancing) DATE								
After M	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	Trust Fund Contribution.   Adde		00 May Be U00000347248 U00000347248 04/30/05-80107-010 150.00				
10.	OFFICERS AND DIRE	CTORS	i zywa a z 114		n i was tak		_, ,	
name Sireet address City-Si-Zip	DAVIS, CRAIG D 16047 W. 110TH ST. LENEKA, KS 66219	 			· * * *		1	
Title Name Street address Cay - S1 - ZIP	AS LAPHAM, D.D. 16047 W 110TH STREET LENEXA, KS 66219							
TITLE NAME STREET ADDRESS CHY-ST-ZIP	P DAVIS, CRAIG D 16047 W. 110TH ST. LENEKA, KS 66219	·		DO	NOT W	RITE		
TOTLE NAME STREET ADDRESS GMY-ST-ZIP	T FOOTE, WILLIAM M 16047 W. 110TH ST. LENEKA, KS 66219			IN T	HIS SP	ACE		
HITLE NAME STREET ADDRESS CHY-ST-ZIP	AS VAN PELT, NANCY 208 E WOODLAND RD STE 200 CHARLOTTE, NC 28217							
DITLE NAME STREET AUDIESS COTY-S1-ZIP				· · · · · · · · · · · · · · · · · · ·	······································	re senten. U eus klade	er tag	
or the corp	pertify that the information supplied with this fir on this report of supplemental report is true a poration or the receiver or trustee empowers or on an attachment with an address, with al	ed to execute this report as require	ption stated in Sec re shall have the so d by Chapter 607,	ition 119.07(3)(i) ame legal effect Florida Statules	, Florida Statutes. I fi as if made under oa ; and that my name :	urther certify that the inform th, that I am an officer or di appears in Block 10 or Bloc	ation rector k 1 if	

GRATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/05

704-529-8047

SIGNATURE: ,