2004 FOR PROFIT CORPORATION

FILED Feb 11, 2004 8:00 am Secretary of State

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3880 BEXALS TECHNOLOGY PRWY. P.O. BOX 9339 ATLANTA, GA 30359 ATLANTA, GA 30340 ATLANTA, GA 30359 ATLANTA, GA 30340	1. Entity Name							02-11-200	90022 0	36 ***15	50.00
Sulfo, Apt. #, etc. Sulfo, Apt. #, etc. Criy & State Criy & Criy & State Criy & Criy & State Criy &	3980 DEKAL STE. 755	B TECHNOLOGY PKWY.	PO BOX 98309								
Cay & State	2. Principal P	lace of Business	3. Mailing Address								
Section Sect	Suite, Apt.	#, etc.	Suite, Apt. #, etc.				02082004	Chg-P	CR2E03	4 (10/03)	
S. Certificate of Status Desired Post Popularie Post Post Post Post Post Post Post Post	City & Stat	9	City & State				LL				
Name	Zìp	Country	Zip	try	5. Certificate of Status Desired \$8.75 Additional						
MAINTLAND, FL 32751 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the state of Florida. I a	Name and Address of Current Registered Agent						. 7. Name and	Address of New	Registered A	gent	
B. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent. Signature Signature Signature types or or read agent and the 8 applicable. (NOTE Registered Agent or present agent and the 8 applicable. (NOTE Registered Agent or registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent. DATE	431 E HORATIO STE 120					ddress (F	'.O. Box Number is Not Acceptable)				
THE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITILE C SHEET ADDRESS CITY-ST-2P THE P MACE STREET ADDRESS CITY-ST-2P THE P Delete STREET ADDRESS CITY-ST-2P THE NAME STREET ADDRESS	1	() () () () () () () () () ()	e militaria (managania), materia y managania (materia) (material)		City		- water to the same of the same of	are some company of the company of t	FL	Zip Cod	ie
TITLE C	SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be										And Annual States
TITLE C	10.	OFFICERS AND I	DIRECTORS	11.			ADDITIONS	L /CHANGES TO OF	FICERS AND	DIRECTOR!	S IN 11
TITLE NAME NAME NCALEB, S. BLAINE, III NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS	C EASLEY, CHARLES R. RT. 4 BOX 4265		TITLE NAME STREE	ET ADDRESS		-VZ PR	8858	THE THE THE THE		Addition
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12. Thereby certify that the information supplied with this filling does not quality for the exemption stated in Section 119 07/2001. Horida Statetoe, Unit har cortify that the information	NAME STREET ADDRESS CITY-ST-ZIP	entify that the information sunplied with		NAME STREE CITY-	ET ADDRESS ST-ZIP	ed in Ser	otion 119 07/3)	(i). Florida Statutes			Addition - 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: