2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 18, 2005 08:00 AM Secretary of State

RESISTATIVE STITE ADVIT LETERS \$1.00 SITE 31.00 ACKSONVILLE, PL 32217 US DO NOT WRITE IN THIS SPACE O2082005 No Chg. P CR2E034 (10'03) 4. FEB JURISON 6. Name angle addines of Current Registered Agent O. North WRITE INTRASTATE RECISTERED AGENT CORP TOT BRICKELL AVE. STE 3000 8. The above restroice of significant agent of the purpose of changing its registered office or registered agent, or both, in the State of Rends. I am familiar with, and accept the obligations of registered agent. SCRATURE SERVICE Figure 1. STE 3000 6. The above restroice of significant agent of the purpose of changing its registered office or registered agent, or both, in the State of Rends. I am familiar with, and accept the obligations of registered agent. SCRATURE SERVICE S	1. Entity Nam	MENT # P93000006	53			5e	cretary	oi State
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INTRASTATE REGISTERED AGENT CORP. 701 BRICKELL AVE STE. 3000 MIAMI, FL 33131 8. The above named only sibmits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Rorda. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature Sopietive lyes of optimal registered agent act table if applicable (101's Reposeed Agent Separative registered separt, or both, in the State of Rorda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Rorda. I am familiar with, and accept the obligations of registered separt, or both, in the State of Rorda. I am familiar with, and accept the obligation of registered separt, or both, in the State of Rorda. I am familiar with, and accept the obligation of registered separt, or both, in the State of Rorda. I am familiar with, and accept the obligation of registered separt, or both, in the State of Rorda. I am familiar with, and accept the obligation of registered separt, or both, in the State of Rorda. I am familiar with, and accept the obligation of registered separt, or both, in the State of Rorda. I am familiar with, and accept the obligation of registered separt, or both, in the State of Rorda. I am familiar with, and accept the obligation of registered separt, or both, in the State of Rorda. I am familiar with, and accept the obligation of registered separt, or both, in the State of Rorda. SIGNATURE				CE	4. FEI Number 59-316	er 3054	\$8.7	Applied For Not Applicable Additional
THE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS THE NAME SACUD. EDMOND R SMEET ADDRESS CITY-ST-2P TITLE NAME SMEET ADDRESS CITY-ST-2P	INTRASTATE REGISTERED AGENT CORP. 701 BRICKELL AVE STE, 3000							
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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 inclicated on this report or supplemental forch 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 trace 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 wither address, with all other like empowered.	NAME STREET ADDRESS CITY+ST-ZIP							
SIGNATURE:		WLW AND	ifiling does not qualify for the exer- e and accurate and that my signat ed to execute this report as requir all other like empowered.	mption stated in Secure shall have the second by Chapter 607,	ction 119.07(3)(ame legal effec , Florida Statute	i), Florida Statutes. I it as if made under or is; and that my name	further certify that ath, that I am an o appears in Block	the information fficer or director 10 or Block 11 if