2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: May Typed on PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Feb 17, 2005 08:00 AM Secretary of State

1. Entity Nar	MENT # P93000039063 DEYOUNG, P.A.		Secretary of Stat
Principal Place 601 BAYSH STE, 840 TAMPA, FL	- STE. 840	S	
DO NOT WRITE IN THIS SPAC			02072005 No Chg-P CR2E034 (10/03) 4. FEI Number
SACHS, N 601 BAYS TAMPA, F	HORE BLVD		DO NOT WRITE IN THIS SPACE
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 ———————————————————————————————————			
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS		5.00 May Be ided to Fees
ITLE NAME STREET ADDRESS CITY-ST-ZIP	D SACHS, MARC I 601 BAYSHORE BLVD, STE 840 TAMPA, FL 33606		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SACHS, MARC I 601 BAYSHORE BLVD, STE 840 TAMPA, FL 33606		02/17/05-80010-015 150.00
NAME STREET ADDRESS CITY-ST-ZIP	S DEYOUNG, D. TOBYN 601 BAYSHORE BLVD, STE 840 TAMPA, FL 33606		DO NOT WRITE
NAME STREET ADDRESS CITY-ST-ZIP	T LOUCKS, KARLYN 601 BAYSHORE BLVD, STE 840 TAMPA, FL 33606		IN THIS SPACE
NAME STREET ADDRESS CHY-S1-ZIP			·
NAME SIREET ADDRESS CITY - ST - ZIP			
12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.			