2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 28, 2005 08:00 AM Secretary of State

| | ANN | UAL REP | OKT | | I | | 2005 08:00 A |
|---|---|--|--|--|---|---|--|
| DOCU 1. Entity Nan 710 FAR | | 0040436 | | | | Secre | tary of State |
| Principal Plac | e of Business | Mailing A | ddress | | 1 | | |
| 8088 NW 84 | | | N 84TH AVE | | | | |
| Parkland, | FL 33067 US | PARKLA | ND, FL 33067 US | | | | |
| STANLEY | 6. Name and Address of | And the second s | | CE | 02162005 1 4. FEI Number 59-318848 5. Certificate of St | No Chg-P | CR2E034 (10/03) Applied For Not Applicable \$8.75 Additional Fee Required |
| 8088 N.W. 84 AVENUE PARKLAND, FL 33087 | | | | and the second s | Activities of the contract of | OT WR IIS SPA | SHE C. ALLE MAIN |
| | named entity submits this stations of registered agent. | ement for the purpose | of changing its register | red office or registe | ered agent, or both, in | the State of Florida | . I am familiar with, and accept |
| SIGNATURE. | Signature, typed or printed name of regis | lered agent and live if applicab | fo. (NOTE: Register | ed Apont signalure requir | นี้ พกัชก เจเกรเสเกฎ) | | DATE |
| | E NOWIII FEE IS \$150 ay 1, 2005 Fee will be | .00 | Election Campaign Fina Frust Fund Contribution | incing \$5 | i.00 May Be ded to Fees | 1/0000024 2/28/05-80 | 6718 076-013 150.00 |
| 10. | , | RS AND DIRECTORS | | 10000 | 2 4 5 0 mm mm m m m m m m m m m m m m m m m | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D STANLEY, PATRICK W 14337 COCO PLUM RD. PALM BEACH GARDEN | The state of the s | | er Tan i garan ayan in ayan ayan ar Tan i garan ayan ayan ayan ayan ayan in ayan ayan | | | |
| NAME STREET ADDRESS CITY-ST-ZIP | | | | | | | and the second of the second o |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | DO N | OT WR | ITE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | IN TH | IIS SPA | CE |
| TITLE NAME STREET ADDRESS | | | | 100 miles (100 miles) | | | Sign (S. Alines) |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | Total A September 1 | | | A TAMES OF THE STATE OF THE STA |
| | 100 | lified with this filling doe report is true and acc tee empowered to exe ddress, with all other if | is not quality for the exe urate and that my signs cute this report as requ kg empowered. | emption stated in S ature shall have the ired by Chapter 60 | ection 118.07(3)(i), Flo same legal effect as i 7, Florida Statutes; an | rida Statutes. I furti made under dath; d that my name ap | ter certify that the information that I am an officer or director pears in Block 10 or Block 11 if |
| SIGNAT | | YPED OF PRINTED NAME OF | SIGNING OFFICER OR DIREC | TON | 6.60.00 | Cate | Daytime Phone # |