2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 23, 2005 08:00 AM Secretary of State  Apr 24, 2005 68  Apr 24, 200		ANNUAL N	TILE	D				
See S. TAMMANI TRAIL   DINE   STAMMANI TRAIL   DINE   D	1. Entity Name					Apr 23, 2005 08:00 AM		
See S. TAMMANI TRAIL   UNIT 6   UNIT					Se			
UNIT 6 UN	Principal Plac	e of Business	Mailing Address					
VENICE FL 34293  2. Principal Place of Business  Salite, Apt #, etc.  Sa								
Suite, Apt #, etc.    Suite, Apt #, etc.   Suite   Suite   Apt #, etc.   Suite   Apt #, etc.   Suite   Apt #, etc.   Suite   Apt #, etc.   Applied for   Not Applied		34293				E CERTIFIE III INING MANTENAN AND EN	iil sain iyyir <b>eyite</b> C	1181 - 12221 - 1111881    1881
Suite, Apt #, etc.    Suite, Apt #, etc.   Suite   Apt #, etc.   Suite   Apt #, etc.   Applied for   Not Applied for   N	2. Principal F	Place of Business	3. Mailing Address	<del></del>	<del> </del>			
City & State  City & State  City & State  Country  Countr	a. Timospan	Table Of Basilless	a. Maining Madridos		1 100 1100 118 1833 1111 100 100 100		1	
SS-0445225   No.1 Application   SS-0445225   No.1 Application   SS-05   SS-75 Additional role required   SS-75 Additional role role required   SS-75 Additional role role role role role role role rol	Suite, Apt. #, etc.		Suite, Apt. #, etc.		1st MOORE C	R2E034 (10	/04)	
Country   Zip   Country   Zip   Country   S. Cetificate of Status Costred   S8.75 Additional Fise Required   S8.75 Additional Fise	City & State		City & State		4. FEI Number GE 0445335			
Name	7:			Cour	<u> </u>	00-0440220		<del></del>
HEATH, ALAN N 1846 S, TAMIAMI TRAIL UNIT S VENICE FL 34293  City FL Zip Code  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 accepted by the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accepted by the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accepted by the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accepted by the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accepted by the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accepted by the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accepted agent of the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accepted agent of the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accepted agent of the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accepted agent of the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accepted agent of the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accepted agent of the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accepted agent of Florida. I am familiar with, and accepted agent of Florida. I am familiar with, and accepted agent of Florida. I am familiar with, and accepted agent of Florida. I am familiar with, and accepted agent of Florida. I am familiar with, and accepted agent of Florida. I am familiar with, and accepted agent of Florida. I am familiar with, and accepted agent of Florida. I am familiar with, and accepted agent of Florida. I am familiar with, and accepted agent of Florida. I am	∠ıp	Country	215	Coun	гу	5. Certificate of Status Desired		
HEATH, ALAN N 1946 S. TAMIAMI TRAIL UNIT 6 VENICE FL 34293  City FL Zip Code  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 ecomition to be displations or registered agent, or both, in the State of Florida. I am familiar with, and ecomition of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and ecomition or registered agent, or both, in the State of Florida. I am familiar with, and ecomition or registered agent, or both, in the State of Florida. I am familiar with, and ecomition or registered agent, or both, in the State of Florida. I am familiar with, and ecomition or registered agent, or both, in the State of Florida. I am familiar with, and ecomition or registered agent, or both, in the State of Florida. I am familiar with, and ecomition or registered agent, or both, in the State of Florida. I am familiar with, and ecomition or registered agent, or both, in the State of Florida. I am familiar with, and ecomition or registered agent, or both, in the State of Florida. I am familiar with, and ecomition or registered agent, or both, in the State of Florida. I am familiar with, and ecomition or registered agent, or both, in the State of Florida. I am familiar with, and ecomition or registered agent, or both, in the State of Florida. I am familiar with, and ecomition or registered agent, or both, in the State of Florida. I am familiar with, and ecomities of Florida agent spinal agen		6. Name and Address of Current	Registered Agent		Name	7. Name and Address of New Reg	istered Agen	t
1846 S. TAMIAMI TRAIL UNIT 6 VENICE FL 34293  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florka. I am familier with, and ecome the obligations of registered agent ag	HE	ΔΤΗ ΔΙΔΝΙΝ			name			<del></del>
City FL Zip Code  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 access the collegations of registered agent	1846 S. TAMIAMI TRAIL				Street Address (	(P.O. Box Number is Not Acceptable)		
Either 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 accurate the obligations of registered agent.  FILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee Will Be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  PHEATH, ALAN  INSET JODICES  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  PHEATH, ALAN  INSET JODICES  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  PHEATH, ALAN  INSET JODICES  OFFICERS AND DIRECTORS  OFFICERS AND DIRECTORS  OFFICERS AND DIRECTORS  INSET JODICES  OFFICERS AND DIRECTORS IN 11  OR Delete  INSET JODICES  OFFICERS AND DIRECTORS IN 11  OR Delete  INSET JODICES  OFFICERS AND DIRECTORS IN 11  OR DELET JODICES  OFFICERS AND DIRECTORS IN 11  INSET JODICES  OFFICERS AND DIRECTORS IN 11  OR DELET JODICES  OFFICERS AND DIRECTORS IN					<del></del> -	· · · · · · · · · · · · · · · · · · ·	<del></del> ;	<del></del>
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 accepte the obligations of registered agent.  SIGNATURE    Signature	¥ (_1	410L 1 E 54255			City		El 2	Zip Code
SIGNATURE   Signat	8. The above	riamed entity submits this statement for	or the purpose of changing it	s registere	ed office or register	red agent, or both, in the State of Flori	:	iar with, and acce
FILE NOW!! FEE IS \$150.00 After May 1, 2005 Foe Will Be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  10. HEATH, ALAN 110. PHEATH, ALAN 1846 S. TAMIAMI TRAIL #6 10. VPTS 10. VPTS 10. Change   A-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1			or are parents of the carrier					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State  10	SIGNATURE	<u>.                                    </u>	** ** ** * * * * * * * * * * * * * * *					<del></del>
After May 1, 2005 Fee Will Be \$55,0.00  Make Check Payable to Florida Department of State  10.		The state of the s	t and title if applicable (NC	TE Hegislora	d Agent signature required	d when reinstaining)	DATE	· · · · ·
Make Check Payable to Florida Department of State  10.			0					
ITHE   P   HEATH, ALAN   HEATH, ALAN   HEATH, ALAN   HEATH, ALAN   HEATH, ALAN   HEATH, ALAN   HEATH, MELINDA   Delete   NAME   HEATH, MELINDA   Delete   NAME   HEATH, MELINDA   Delete   NAME   HEATH, MELINDA   Delete   NAME   NAME   Delete   NAME   NAME   Delete   Delete   NAME   Delete   De						Trust Fund Contri	pullon.	Added to Fees
NAME SIRET ADDRESS CITY-ST-2P VENICE FL VPTS NAME SIRET ADDRESS CITY-ST-2P VENICE FL  UD0000325762 U00000325762 U1Y SI-2P U000000325762 U1Y SI-2P U000000325762 U1Y SI-2P U000000325762	10,	T				ADDITIONS/CHANGES TO OFFIC		<del></del> :
SIRET ADDRESS CITY-ST-ZIP  SIRET ADDRESS CITY-ST		*	☐ Delete	1				Change
VPTS   Delete   Delet						110000025	'gp	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP	VENICE FL		CHY	ST-ZIP	04/23/05-8003		50.00
STREET ADDRESS CITY-ST-ZIP  TITLE MAME STREET ADDRESS STREET			☐ Delete		4			Change 🔲 🗀 🖰
CITY-ST-ZIP  VENICE FL  ITILE MAME STREET ADDRESS CITY-ST-ZIP  TILE MA		į vardas var			i			
NAME STREET ADDRESS CITY ST - 2IP  TITLE NAME STREET ADDRESS CITY - ST - 2IP  TITLE NAME STREET ADDRESS CITY - ST - 2IP  TITLE NAME STREET ADDRESS CITY - ST - 2IP  TITLE NAME STREET ADDRESS CITY - ST - 2IP  TITLE STREET ADDRESS CITY - ST - 2IP  THE ST - 2IP  THE STREET ADDRESS CITY - ST - 2IP  THE STREET ADDRESS CITY - ST - 2IP  THE STREET ADDRESS CITY - ST -								
STREET ADDRESS CITY ST-ZIP  TITLE  NAME NAME STREET ADDRESS CITY ST-ZIP  TITLE STREET ADDRESS CITY ST-ZIP STREET ADDRESS CITY ST-ZIP STREET ADDRESS CITY ST-ZIP STREET ADDRESS CITY ST-ZIP  TITLE STREET ADDRESS CITY ST-ZIP  TITLE STREET ADDRESS CITY ST-ZIP STREET ADDRE	THTLE		☐ Delete	THTLE				Change
CITY ST-ZIP  TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP								
TITLE  NAME STREET ADDRESS CITY-ST-ZIP  THE Change  A**  Change  A**  Change  A**  Change  A**  STREET ADDRESS CITY-ST-ZIP  THE CHANGE STREET ADDRESS CITY-ST-ZIP  TH								
NAME STREET ADDRESS CITY-ST-ZIP  TITLE Delete NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TO Delete STREET ADDRESS CITY-ST-ZIP  THE STREET ADDRESS			□ Delete	TITLE	:		П	Change 7
CITY-ST-ZIP  12   hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(i) Florida Statutes I further certify that the information							<del>-</del>	
INLE NAME STREET ADDRESS CITY-ST-ZIP  INLE NAME STREET ADDRESS CITY-ST-ZIP  INLE NAME STREET ADDRESS CITY-ST-ZIP  IN LE NAME STREET ADD					*			
NAME STREET ADDRESS CITY-ST-ZIP  TITLE INAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  1. bereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3VI). Florida Statutes. I further certify that the information.								
STREET ADDRESS CITY-ST-ZIP  TITLE  Delete  NAME STREET ADDRESS CITY-ST-ZIP  TO Delete  NAME STREET ADDRESS CITY-ST-ZIP  12   bereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3VI). Florida Statutes, I further certify that the information.			☐ Delete				Ļ	Change
CITY-ST-ZIP					·			
NAME STREET ADDRESS CITY-ST-ZIP  12   December certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(i). Florida Statutes   Livriber certify that the information								
STREET ADDRESS CITY-ST-ZIP  12   December 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			☐ Delete					Change 🔲 🖰 🖰
CITY-ST-ZIP					1			
12   hereby certify that the information symplified with this filling does not qualify for the exemption stated in Section 119 07(3)(i). Florida Statutes, I further certify that the information		<u> </u>						
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 cath, that I am an officer or direction 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 1 chapter 607 or an attachment with an address, with all other like empowered.	12 I herehy	certify that the information supplied wit	h this filing does not qualify f	or the exe	mntion stated in Se	ection 119 07(3)(i). Florida Statutes I fi	urther certify th	at the information
	indicated of the co	on this report or supplemental report in report in the receiver or trustee employer on an attachment with an address.	is true and accurate and that bowered to execute this repo	my signat	ture shall have the red by Chapter 60	same legal effect as if made under oa 7. Florida Statutes, and that my name	th, that I am ar appears in Blo	officer or direction to the circle of the ci

941-497-25