2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 22, 2005 08:00 AM Secretary of State

Principal Prace of Dispinsos Majory Address 4315 SW LIDUM STREFT PALM CITY, FL 34990 US DO NOT WRITE IN THIS SPACE 04192005 No Chg.+P CR26034 (10'05) 4. FEX humber and Address of Current Registered Agent 04192005 No Chg.+P CR26034 (10'05) 4. FEX humber and Address of Current Registered Agent 04192005 No Chg.+P CR26034 (10'05) 4. FEX humber and Address of Current Registered Agent 05. Name and Address of Current Registered Agent AULTZ, DAVID 4. The status premod writing humber his bit bits distantinin for the purpose of changing in registered agent, or both, in the State of Plotida. I am (serille with, and accept the chigations of registered agent, or both, in the State of Plotida. I am (serille with, and accept the chigations of registered agent, or both, in the State of Plotida. I am (serille with, and accept the chigations of registered agent, or both, in the State of Plotida. I am (serille with, and accept the chigations of registered agent, or both, in the State of Plotida. I am (serille with, and accept the Chigations of registered agent, or both, in the State of Plotida. I am (serille with, and accept the Chigations of registered agent, or both, in the State of Plotida. I am (serille with, and accept the Chigations of registered agent, or both, in the State of Plotida. I am (serille with, and accept the Chigations of registered agent, or both, in the State of Plotida. I am (serille with, and accept the Chigations of registered agent, or both, in the State of Plotida. I am (serille with, and accept the Chigations of Plotida State of Plotida. I am (serille with, and accept the Chigations of Plotida State of Plotida. I am (serille with, and accept the Chigations of Plotida State of	1. Entity Nan	MENT # P9300007257				50	ecretary of St
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8. Name and Address of Current Registered Agent AULTZ, DAVID 4315 SW LUDLUM STREET PALM CITY, FL 34990 DO NOT WRITE IN THIS SPACE 6. The above nemed entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Portida. I am familiar with, and accept the dollpations of registered agent, or both, in the State of Portida. I am familiar with, and accept the dollpations of registered agent, or both, in the State of Portida. I am familiar with, and accept the dollpations of registered agent, or both, in the State of Portida. I am familiar with, and accept the dollpations of registered agent, or both, in the State of Portida. I am familiar with, and accept the dollpations of registered agent, or both, in the State of Portida. I am familiar with, and accept the dollpations of registered agent, or both, in the State of Portida. I am familiar with, and accept the dollpations of registered agent, or both, in the State of Portida. I am familiar with, and accept the dollpations of registered agent, or both, in the State of Portida. I am familiar with, and accept the both acceptance agent acceptance agent, or both, in the State of Portida. I am familiar with, and accept the familiar with acceptance agent, or both and accurate and familiar with acceptance agent, or both and accurate and familiar with, and accept the familiar with, and accept the familiar with acceptance agent acceptance agent acceptance agent acceptance and acceptance acceptance and acceptance acceptance and acceptance acceptan	C	OO NOT WRITE II	N THIS SPA	CE	4. FEI Number 65-0440	054_	Applied Fo Not Applied \$8.75 Additional
### A315 SW LUDLUM STREET PALM CITY, FL 34990 #### BASE AND DIRECTORS #### DO NOT WRITE IN THIS SPACE ###################################		6. Name and Address of Current Regis	stered Agent				Fee Required
the obligations of registered agent. SIGNATURE SIGNAT	4315 SW	LUDLUM STREET					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS TUS MAKE STREET ADDRESS CITY-51.2P TITLE NOW! IT FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS DO NOT WRITE INTERIORS STREET ADDRESS CITY-51.2P TITLE NAME STREET ADDRESS CITY-51.2P TITLE STREET ADDRES			purpose of changing its registere	ed office or registere	ed agent, or both,	, in the State of Fic	orlda. I am familiar with, and acc
10. OFFICERS AND DIRECTORS ITTLE NAME STREET ADDRESS GITY-ST-2P TITLE NAME STREET ADDRESS GITY-ST-2P STREET ADDRESS GITY-ST-2P TITLE NAME STREET ADDRESS GITY-ST-2P STR	SIGNATURE.	Signature, typed or printed name of registered agent and title	If applicable. (NOTE, Registered	d Agent signature required	when reinstating)	<u> </u>	DATE
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-S	FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00			00 May Be ed to Fees	00001 04/22/0	00324923 5-80112-022 150.0
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NAME STITEST ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZP TALL 1 hereby certify that the information supplied with this lifting does not qualify for the exemption stated in Section 119.07(3)(1). Florida Statutes. I further certify that the information of the corporation or the repoliver or trustee ampowered 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 attachafont with an address, with all other like empowered. SIGNATURE: A Pavid C. Auart 4-19-05 S61-719-8906	NAME STREET ADDRESS	AULTZ, DAVID 4315 SW LUDLUM STREET					
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filting does not qualify for the examption stated in Section 119.07(3)(i), 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 attachylent with an address, with all other like empowered. SIGNATURE: APP David C. Maltic 4-19-05 561-719-8906	name Street address						
SIGNATURE: STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I 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 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 early, that if an an officer or director of the corporation or the receiver or trustee ampowered 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: Application of the components	NAME STREET ADDRESS				DO 1	NOT W	RITE
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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: 4-19-05 561-719-8906	NAME STREET ADDRESS						(2)
VIGITAL OTTE: V	of the cor	ropration or the receiver or trustee empowere	d to execute this report as requir	red by Chapter 607,	Horida Statutes;	Florida Statutes. I as if made under o and that my name	further certify that the informationalh; that I am an officer or directs appears in Block 10 or Block 1:
	SIGNAT	URE: SIGNATURE AND TYPED OR PRINTED	NAME OF SIGNING OFFICER ON DIRECT		c 4-1	19-05 Date	561-719-890 Dayline Phone #