2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

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

DOCU 1. Entity Nam DALE A.	ne	# P9300007355 R, P.A.	51		Apr 30, 2005 08:00 AM Secretary of State				
Principal Place of Business 304 S. HARBOR CITY BLVD STE 201 MELBOURNE FL 32901 US			Mailing Address 304 S. HARBOR CITY BLVD STE 201 MELBOURNE FL 32901 US			1 (20 11 11 11 11 11	(188	####	11
2. Principal Place of Business			3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.			1st MOO	RE CR	2E034 (10/04)	
City & State			City & State			4. FEi Number 59	-3205445		Applied For Not Applicable
Zip			Zip Count		ntry	5. Certificate of Status Desired See Required Fee Required			
Name and Address of Current Registered Agent					Name	7. Name and Addre	ss of New Regis	stered Agent	
DETTMER, DALE A 304 S. HARBOR CITY BLVD MELBOURNE FL 32901					Street Address (P.O. Box Number is Not Acceptable)				
					City		- ·	FL Zip Ci	ode
The above named entity submits this statement for the purpose of changing its registered office the obligations of registered agent.						ed agent, or both, in th	e State of Florida	_: <u>-</u>	 th, and accept
SIGNATURE Signature, typed or printed name of registered agent and title 4 applicable (NOTE Registered Agent signature required when reinstating) DATE									
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State						9. Ele	ection Campaign ust Fund Contribu	Financing \$	5.00 May Be
10.	T	OFFICERS AND I	DIRECTORS	11.		ADDITIONS/CHAN	GES TO OFFICER	RS AND DIRECTO	DRS IN 11
TITLE NAME STREET ADDRESS CHY-ST-ZIP	DETTMER, DALE A 304 S. HARBOR CITY BLVD., STE 201				E ME EET ADDRESS '-ST-ZIP	□ Change □ Addition U00000349388 05/02/05-80062-020 150.00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1	SCOTT D BOR CITY BLVD., SUITE NE FL 32901	□ Delete E 201)			☐ Chang	e
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	- 6	i			☐ Chang	e 🔲 Addition
TITLE NAME STREET ADDRESS CITY+ST-ZIP			☐ Delete					☐ Chang	e 🔲 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete	- 6	I		· 	☐ Chang	e
TOLE NAME STREET ADDRESS CITY: ST-ZIP			☐ Delete					Change	e Addition
12. I hereby of indicated of the corphanged.	certify that the lon this repor rporation or the or on an atta	e information supplied with rt or supplemental report is re receiver or trustee ampo achment with an address. W	this filing does not qualify to true and accurate and that twered to execute this repor this all other like empowered	or the exe my signa t as requi	emption stated in Security of the Italy of t	ction 119.07(3)(I), Flori same legal effect as if I , Florida Statutes; and	da Statutes. I furt nade under oath; that my name ap	her certify that the that I am an offic pears in Block 10	e information er or director or Block 11 if

FILED

Daytme Phone #