2005 FOR PROFIT CORPORATION

ANNUAL REPORT				, FILED
DOCU 1. Entity Nam NONPAR		0843		Jan 19, 2005 08:00 AM Secretary of State
Principal Plac 2112 ARENE TALLAHASSE		Mailing Address 2112 ARENDELL WAY TALLAHASSEE, FL 32308		
DO NOT WRITE IN THIS SPAC			CE	01182005 No Chg-P CR2E034 (10/03) 4. FEI Number 58-1533122 Applied For Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent WIGGINS, SUSAN M 2112 ARENDELL WAY TALLAHASSEE, FL 32308				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 Signature, typod or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE				
FILE NOW!!! FEE 13 \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees				
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECTORS D WIGGINS, SUSAN M 5 2112 ARENDELL WAY TALLAHASSEE, FL 32308			000000185490 01/21/05-80017-022 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE				
NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE
NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE
NAME 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 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.				
SIGNATURE: SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 1/8/05 850-942-5737				