

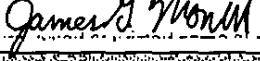
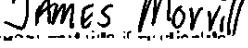
**FILED
May 02, 2003 8:00 am
Secretary of State**

05-02-2003 90745 031 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

1 Entity Name P94000052923 p94000052923
2A 4-22-1994 4-22-1994 100% 100% EXPIRED



Principal Place of Business THE FRETZEL TWISTER 220 MERRITT SQUARE MALL MERRITT ISLAND, FL 32952 US		Mailing Address THE FRETZEL TWISTER 220 MERRITT SQUARE MALL MERRITT ISLAND, FL 32952 US													
a. Principal Place of Business SUITE A-101 & A-102 City & State ZIP COUNTY		b. Mailing Address SUITE A-101 & A-102 City & State ZIP COUNTY													
c. Name and Address of Current Registered Agent MORRILL, JAMES C. KIM MERRILL, KIM MERRITT ISLAND, FL 32952		<table border="1"> <tr><td>Name</td></tr> <tr><td>Business Name</td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>		Name	Business Name										
Name															
Business Name															
d. The names of natural persons signing this statement for the purpose of certifying its contents and for the validation of signatures used.															
<p>SIGNATURE  </p>		4-25-03 <small>STATE: Florida</small>													
<p>STATEMENT OF OFFICERS AND DIRECTORS MAY BE MADE IN A FORM APPROVED BY THE STATE</p>															
<p>II. OFFICERS AND DIRECTORS</p> <table border="1"> <tr> <td>TITLE NAME STREET ADDRESS CITY-STATE TITLE NAME STREET ADDRESS CITY of ZIP</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-STATE TITLE NAME STREET ADDRESS CITY of ZIP</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-STATE TITLE NAME STREET ADDRESS CITY of ZIP</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-STATE TITLE NAME STREET ADDRESS CITY of ZIP</td> <td><input type="checkbox"/> Delete</td> </tr> </table>		TITLE NAME STREET ADDRESS CITY-STATE TITLE NAME STREET ADDRESS CITY of ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE TITLE NAME STREET ADDRESS CITY of ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE TITLE NAME STREET ADDRESS CITY of ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE TITLE NAME STREET ADDRESS CITY of ZIP	<input type="checkbox"/> Delete	<p>III. DIRECTORS</p> <table border="1"> <tr> <td>TITLE NAME STREET ADDRESS CITY-STATE TITLE NAME STREET ADDRESS CITY of ZIP</td> </tr> </table>		TITLE NAME STREET ADDRESS CITY-STATE TITLE NAME STREET ADDRESS CITY of ZIP			
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12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in section 100(1)(B) of the Securities Act of 1933, and that the signature of each person appearing on this document is that of the corporation or the receiver or trustee empowered to execute this report as required by law, or is otherwise qualified. OR OR an attachment with an address, with an other line entered.															
<p>SIGNATURE:   4-25-03</p>															