## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2005 08:00 AM
Secretary of State

| 1. Entity Nam   | MENT # P940000539   | 58   |                               |                                   | Secretary of State  |
|---|---|--|-------------------------------|-----------------------------------|---|
| 16744 W PR  | ce of Business —  | Mailing Address<br>16744 W PRESTWICH DR<br>LOXAHATCHEE, FL 33470 | <br>US                        | 1                                 | FE 1850 ENVI NAVO WEND MENNERSKI RUBE NINE NEVEN KURI KRUBA IF CERI |
| Е   | OO NOT WRITE  |  | CE                            | 03082005<br>4. FEI Numb<br>65-050 |   |
|   | O<br>PRESTWICH DRIVE<br>TCHEE, FL 33470                                       |  | DO NOT WRITE<br>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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)  DATE  |   |  |                               |                                   |   |
| FIL<br>After M  | E NOW!!! FEE IS \$150.00<br>ay 1, 2005 Fee will be \$550.00                   | Election Campaign Fina     Trust Fund Contribution.              |                               | 5.00 May Be<br>ided to Fees       |   |
| 10.<br>TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | OFFICERS AND DIF<br>D<br>EK, DAVID<br>16744 W PRESTWICH DR<br>LOXAHATCHEE, FL | ECTORS   |                               |                                   |   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   |  | ***                           |                                   | 000000259365<br>03/11/05-80022-003 150.00                           |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   |  |                               | DO                                | NOT WRITE   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   |  |                               | IN "                              | THIS SPACE  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   |  |                               |                                   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>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. |   |  |                               |                                   |   |