DOCUMENT # P9500001289 04-26-2005 90147 022 ***150.00 VERNAY I.M.C. LIMITED INC. Valing Address BGS J.WFLIN COURT GSS J.WFLIN COURT VARDERCENLE & SUBJ. Valing Address BGS J.WFLIN COURT GSS J.WFLIN COURT VARDERCENLE & SUBJ. J.Waling Address BGS J.WFLIN COURT BUSI AMPLINE CAN B.B. D56 E.D. 330.0 HoL. COMB B.C. 2015 J. VARDERCENLE & SUBJ. J.Waling Address BODY, MALTHAN BUSI AM AND COMPANY ZHO D44265.005.5 G.A. NOR CCLOSS, G.A. NOR CCLOSS, G.A. Solo NARRAGANASSET STREET NE Street Address (P.O. Box Number's NOR Acceptable) Solo NARRAGANASSET STREET NE Street Address (P.O. Box Number's NOR Acceptable) PALL BAST, FL. 32607 NOR CCCCOSS IN C. Solo NARRAGANASSET STREET NE Street Address (P.O. Box Number's NOR Acceptable) PALL BAST, FL. 32607 NOR CCCCORS IN T. NUL WARRAGANASSET STREET NE Street CCCOR Street NI	2005 FOR PROFIT CORPORATION ANNUAL REPORT				FILED Apr 26, 2005 8:00 am Secretary of State	
Best Auffelin COURT LAWERENCEVILLE, GA 30043-2333 LAWERENCEVILLE, GA 30043-233 LAWERENCEVILLE, GA 30043-2333 LAWERENCEVILLE, GA 30043-233 LAWERENCEVILLE, GA 30043-2333 LAWERE	1. Entity Name				04-26-2005 90147 022 ***150.00	
33:00 H0L-COMB BR: DGES 33:00 H0L-COMB BR: DGE N 2H0 2H0 2H0 2H0 Child Add-H, H, IC 2H0 Opt & State 0.082005 Child Add-H, H, IC 2H0 Opt & State NO ECROSS, CA NO ECROSS, CA NO ECROSS, CA Opt & State State Address of New Fight Address 2D0 Country 2D0 2D0 Address of New Fight Address of New Fight Address 8. Name and Address of New Registered Agent Name ALRON ENTERPRISES. INC. 300 ADR.GASST ET STREET NE Street Address (PO. Box Number is Net Acceptable) City PALM BAY, FL 32807 City Ca City FL Zip Code 80 NARRAGANSETT STREET NE Street Address (PO. Box Number is Net Acceptable) PALM BAY, FL 32807 Defection Carpeign Financing City Carpeign Financing Grave FLE NOMIN FEET STREET NE PLE Models and Poick Corps Defection Carpeign Financing SGNATUS 0.00710 Grave Defection Carpeign Financing SGO Grave Defection Carpeign Financing Addata for Bay 10. OPFICERS AND DIPECTORS N 11 Addata for	663 LAUFLIN COURT 663 LAUFLIN COURT LAWRENCEVILLE, GA 30043-2333 LAWRENCEVILLE, GA 30043-2333					
Zo Country Site of Country <t< td=""><td colspan="3">3300 HOLCOMB BRIDGED 3300 HOLCOME Suite Apt # etc. 240 240</td><td>DMB BRIDGE R</td><td>04082005 Chg-P CR2E034 (10/03)</td></t<>	3300 HOLCOMB BRIDGED 3300 HOLCOME Suite Apt # etc. 240 240			DMB BRIDGE R	04082005 Chg-P CR2E034 (10/03)	
Steam and Address of Current Registered Agent Name and Address of New Registered Agent Name and Address of New Registered Agent ALRON ENTERPRISES. INC. 390 NARRAÇGANSETT STREET NE PALM BAY, FL 32807 Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) December 2000 B. The above named entity submits the statement for the purpose of changing its registered agent, or both, in the State of Ponda. Lent familiar with, and accept the obligations of registered agent. IDTE Registered agent, or both, in the State of Ponda. Lent familiar with, and accept the obligations of registered agent. SIGNATURE File NowIII FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Competition Financing Trust Func Controllow S5.00 May Be Address To OFFICERS AND DIFECTORS Intel Int	NORC	ROSS, GA	NORCROSS,		\$9.75 Additional	
ALRON ENTERPRISES INC. 390 NARRAGANSETT STREET NE PALM BAY, FL 32907 City FL Zip Code City FL City City FL City City FL Zip Code City FL City Ci				USA	Fee Requiréd	
The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Porida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Suprement to the purpose of changing its registered agent, or both, in the State of Porida. I am familiar with, and accept devices the obligations of registered agent. SIGNATURE Suprement to the purpose of changing its registered agent, or both, in the State of Porida. I am familiar with, and accept devices the obligations of registered agent. SIGNATURE Suprement to the purpose of changing financing Trust Fund Contribution Price NOWILI FEE IS \$150.00 PriceRS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Ints Ints KINGSTON, PAUL STRET ADDRES Solution COURT STRET ADDRES STRET AD	ALRON ENTERPRISES. INC. 390 NARRAGANSETT STREET NE PALM BAY, FL 32907					
SIGNATURE	B. 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					
FILE NOWILI FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campeign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITLE P ITLE Change Addition NMME KINGSTON, PAUL Stretz MORESS Change Addition ITLE S Stretz MORESS Change Addition ITLE S Stretz MORESS Change Addition INVE Stretz MORESS Change Addition ITLE S ITLE NMME Change Addition ITLE S ITLE NMME Change Addition ITLE S ITLE NMME Change Addition ITLE S ITLE NME ITLE ITLE ITLE Addition ITLE S ITLE ITLE <td< td=""><td colspan="6"></td></td<>						
ITILE P Delete TITLE MWE Change Addition INNE KINGSTON, PAUL STREET ADRESS CITY-ST-2P Change Addition ITTLE S Delete TITLE Change Addition ITTLE S Delete TITLE Change Addition ITTLE S Delete TITLE Change Addition ITTLE S CITY-ST-2P CITY-ST-2P CITY-ST-2P Addition ITTLE STREET ADDRESS GG3 LAUFLIN COURT STREET ADDRESS CITY-ST-2P Addition ITTLE Addition STREET ADDRESS CITY-ST-2P CITY-ST-2P Addition ITTLE Delete TITLE MWE Change Addition ITTLE ITTLE MWE Change Addition ITTLE ITTLE ITTLE Change Addition ITTLE ITTLE ITTLE ITTLE Addition ITTLE	FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be					
STREET ADDRESS 663 LAUFLIN COURT STREET ADDRESS CITY-ST-2P LAWRENCEVILLE, GA 3043 2333 CITY-ST-2P ITTLE S Delete TITLE NWWE KINGSTON, PEARL NMWE STREET ADDRESS 663 LAUFLIN COURT STREET ADDRESS CITY-ST-2P LAWRENCEVILLE, GA 3043 2333 CITY-ST-2P TITLE LAWRENCEVILLE, GA 3043 2333 CITY-ST-2P TITLE LAWRENCEVILLE, GA 3043 2333 CITY-ST-2P TITLE Delete TITLE NAWE STREET ADDRESS CITY-ST-2P TITLE Delete TITLE NAWE STREET ADDRESS CITY-ST-2P CITY-ST-2P CITY-ST-2P CITY-ST-2P TITLE Delete TITLE NAWE STREET ADDRESS CITY-ST-2P STREET ADDRESS CITY-ST-2P CITY-ST-2P TITLE Delete TITLE NAWE STREET ADDRESS CITY-S		P		TITLE		
NAME KINGSTON, PEARL NMME STREET ADDRESS 663 LAUFLIN COURT STREET ADDRESS CITY-ST-2P LAWRENCEVILLE, GA 3043 2333 CITY-ST-2P INLE Delete TILE NAME STREET ADDRESS CITY-ST-2P INTLE Delete TILE NAME STREET ADDRESS CITY-ST-2P CITY-ST-2P CITY-ST-2P ITLE Delete TILE NAME STREET ADDRESS CITY-ST-2P CITY-ST-2P CITY-ST-2P CITY-ST-2P ITLE Delete TILE NAME STREET ADDRESS CITY-ST-2P CITY-ST-2P CITY-ST-2P CITY-ST-2P ITLE Delete TILE NAME STREET ADDRESS CITY-ST-2P CITY-ST-2P CITY-ST-2P CITY-ST-2P ITLE Delete TILE NAME STREET ADDRESS CITY-ST-2P CITY-ST-2P CITY-ST-2P CITY-ST-2P ITLE Delete TILE NAME STREET ADDRESS CITY-ST-2P CITY-ST-2P CITY-ST-2P CITY-ST-2P ITLE NAME STREET ADDRESS CITY-ST-2P CITY-ST-2P CITY-ST-2P	STREET ADDRESS	663 LAUFLIN COURT	33	STREET ADDRESS		
Instruction NAME STREET ADDRESS STREET ADDRESS CITY-ST-2IP CITY-ST-2IP TITLE Delete TITLE Delete TITLE Delete STREET ADDRESS STREET ADDRESS CITY-ST-2IP CITY-ST-2IP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-2IP CITY-ST-2IP TITLE Delete TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-2IP CITY-ST-2IP CITY-ST-2IP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-2IP CITY-ST-2IP CITY-ST-2IP TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE NAM	NAME STREET ADDRESS	KINGSTON, PEARL 663 LAUFLIN COURT		NAME STREET ADDRESS	Change 🗋 Addition	
TILE Delete TILE Change Addition NAME STREET ADORESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP Change Addition TITLE Delete TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 11	NAME STREET ADDRESS		Delete	NAME STREET ADDRESS	Change 🗋 Addilion	
TITLE Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Change Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE Delete TITLE Change Addition NAME Delete TITLE Change Addition STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition 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 attechment with an address, with all other like empowered.	NAME STREET ADORESS		Delete	NAME STREET ADDRESS	Ctange Addition	
TITLE Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 12. I hereby certify that the information 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.	TITLE NAME STREET ADDRESS	-	Delete	NAME STREET ADDRESS	Ctange Addition	
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.	TITLE NAME STREET ADDRESS		Delete	NAME STREET ADORESS	Change Addilion	
SIGNATURE AND TYPED DR PRINTED MAME OF SIGNING OFFICER OR DIRECTOR Date Date Date						