2005 FOR PROFIT CORPORATION . ANNUAL REPORT (AR)

Principal Place of Business  A22 BLUE GARDEN LANE OSPREY FL 34229  2. Principal Place of Business  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  Country  Zip  Country  Zip  Country  Zip  Country  As Certificate of Status Desired Foo Required  Name  BONET, LAWRENCE D  422 BLUE GARDEN LANE OSPREY FL 34229  City  T. Name and Address of Current Registered Agent  Name  Sueet Address of New Registered Agent  Name  Sueet Address of New Registered Agent  To Name and Address of New Registered Agent  Name  Sueet Address of New Registered Agent  Name  Sueet Address of New Registered Agent  Name  Sueet Address of Country  Signature  BONET, LAWRENCE D  422 BLUE GARDEN LANE OSPREY FL 34229  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  Signature  Signature  FLE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee Will Be \$\$50.00  Make Check Payable to Florida Department for State  Name  Signature  S	ĐOCÛ	. ANNUAL R MENT # P950000238			FILED Feb 03, 2005 08:00 AM					
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City & State  Country  Country  S. Certificate of Status Desired  See Required  Foe Re	2. Principal Place of Business		3. Mailing Address							
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Second Country   Seco	City & Stat	e	City & State			4. FEI Number	65-060822	0		
6. Name and Address of Current Registered Agent  BONET, LAWRENCE D 422 BLUE GARDEN LANE OSPREY FL 34229  City  FL Zip Code  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 a the obligations of registered agent.  SIGNATURE  Strakture, yound or printed name of registered agent and late it achievable.  FILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee Will Be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 11 11 11 11 11 11 11 11 11 11 11 11	Zip	Country	Zip	Country		5. Certificate o	f Status Desired		75 Add	itional
Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City		6. Name and Address of Curren	nt Registered Ágent			7. Name and A	Address of New F			- ·
Street Address (P.O. Dox Number is Not Addeptible)  City  FL  Zip Code  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 a the obligations of registered agent.  SIGNATURE  Signature, upped or private name of registered agent and title if achievable.  FILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee Will Be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.  III.E  BONET, LAWRENCE D  STREET ADDRESS  CITY 51-2P  Delete  III.E  NAME  STREET ADDRESS  CITY 51-2P  Delete  NAME  STREET ADDRESS  CITY 51-2P  Delete  NAME  STREET ADDRESS  CITY 51-2P  Delete  NAME  STREET ADDRESS  STREET ADDRESS  CITY 51-2P  Delete  NAME  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  CITY 51-2P  Delete  NAME  STREET ADDRESS  STREET ADDRE		Name			_					
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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 a the obligations of registered agent.  SIGNATURE    Superture, typed or private name of registered agent and title of applicable.   (NOTE Registered Agent signature required when reinstating)   DATE	OSI	-NET FL 34229				<u></u>			Zim David	
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SIGNATURE AND YES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: