2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

1. Entity Nam	MENT # P950000354		Feb 11, 2005 08:00 AM Secretary of State						
1499 BRANI	e of Business DYWINE CIRCLE RS FL 33919			NIINDE MA KUNN NIII BIIL KUNI K	alih wataw (trw) with ana				
2. Principal F	Place of Business	3. Mailing Address							
Suite, Apt	#, etc	Suite, Apt. #, etc.			15	st MOORE (CR2E034 (10/		
City & State		City & State			4. FEI Numb	65-0594699			olied For Applicable
Zip	Country	Zip	Zip Cou		5. Certificati	e of Status Desired		5 Addi	
6. Name and Address of Current Registered Agent				- Name	7. Name an	d Address of New Re	gistered Agent		
NOWORYTA, H J 1499 BRANDYWINE CIRCLE FORT MYERS FL 33919				Street Address (P.O. Box Number is Not Acceptable)					
l FOR	AL MITENO EL 00919						· <u>-</u>		
				City			FL	p Code	
	e named entity submits this statement it tions of registered agent. Squature, typed or printed name of registered agen			ed office or registe		oth, in the State of Flor	rida. 1 am familia	r with, a	and accept
	ILE NOW!!! FEE IS \$150.00	I and the it applicable	(MOLE MEDISINE	o Again signature require	s within removaling)	<u> </u>			
After	May 1, 2005 Fee Will Be \$550.0 k Payable to Florida Department	of State				Election Campa Trust Fund Cont	ribution.	Adde	0 May Be d to Fees
10.	ÖFFICERS AND	DIRECTORS Del	ete tutt		ADDITIONS	CHANGES TO OFFI		CTORS hange	IN 11
NAME	NOWORYTA, H J		NAM STRE						
TITLE NAME STREET ADDRESS CITY- ST-ZIP	D MANNING, MARION P 1499 BRANDYWINE CIRCLE FT MYERS FL	☐ Del	NAM STRE					hange	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Det	NAM STRE					hange	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Del	NAM STRE	i		02/11/05-80	4902	hange 50.00	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Del	NAM STRE					hange	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Del	NAM STRE	i				hange	Addition
indicated of the cor	certify that the information supplied with on this report or supplemental report poration or the receiver or trustee emit, or on an attachment with amaddress	is true and accurate a powered to execute th	ind that my signa Is report as requi	ture chall have the	sama lagal offic	act se if made linder o	ath: that I am an	Officer	or director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

SIGNATURE:

FILED

Daytrne Phone ∉