## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: JACK NOCHIMSON SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE

## FILED Apr 29, 2005 08:00 AM Secretary of State

1. Entity Nan PTSD, IN	IC.			S	ecretary of State
Principal Place 464 S MILIT W PALM BCF	ARY TRAIL	eiling Address 164 S MILITARY TRAIL V PALM BCH, FL 33415 US			
E	OO NOT WRITE II		Œ	04222005 No Chg-P 4. FEI Number 65-0679749 5. Certificate of Status Desired	CR2E034 (10/03)  Applied For Not Applicable  \$8.75 Additional Fee Required
16073 BR	6. Name and Address of Current Registion, JACK ISTOL ISLE WAY BEACH, FL 33446	tered Agent		DO NOT W IN THIS SE	
the obligate SIGNATURE.	named entity submits this statement for the stat	· · · · · · · · · · · · · · · · · · ·	Agent signatura racused	when relociating)	orida. I am familiar with, and accept
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D NOCHIMSON, JACK 16073 BRISTOL ISLE WAY DELRAY BEACH, FL 33446	OTORS		Unnong 	0342278 -80048-018 150.00
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		<b>- 188</b> (198 - 198		DO NOT W	RITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE				IN THIS SF	ACE
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·				
12. I hereby of indicated of the corr	ertify that the information supplied with this fil on this report or supplemental report is true a poration or the receiver or trustee empowered or on an attachment with an address, with all	ing does not qualify for the exem accurate and that my signatu to execute this report as require other like empowered.	option stated in Sec re-shall have the si by Chabter 607,	stion 119 07(3)(I), Florida Statutes. I ame legal effect as if made under o Florida Statutes, and that my name	further certify that the information path; that I am an officer or director appears in Block 10 or Block 11 if