FOR PROFIT CORPORATION FORM BUSINESS REPORT (URB)

FILED May 27, 2002 8:00 am Secretary of State

(727)360 2800

| | MAIL OKIN BOSINE | 33 KEPUKI | (OBR) | 05-27-2002 90429 049 ***150.00 |
|---------------------------------------|---|--------------------------------|---|--|
| DOCL 1. Entity Na | JMENT #P95 00 | 20086 | ENG | |
| 60 | Tampa Bay | <u></u> | | |
| | DO NOT WRITE | IN THIS SI | PACE | manus de segon de la companya del companya de la companya del companya de la comp |
| 2. Principal | Place of Business | 3. Mailing Address | | |
| | 431 Corrix Lane | Suite, Apt. #, etc. | 550 | DO NOT WRITE IN THIS SPACE |
| City & Sta | son Fl | City & State | t/ 1 E | 4. FEI Number. Applied For 59-3380 700-11-08-95 Not Applied For Not Applicable |
| 3466 | 7 Country | 33740 | Country Passacllas | 5. Certificate of Status Desired |
| | | | , , , , , , , | 7. Name and Address of Current Registered Agent |
| | DO NOT WI | | Street Add | I'm Thomas Idress (P.O. Box Number is Not Acceptable) |
| <u> </u> | | | City Flu | Sen FL Zip Code 3466 |
| 8. The above | e named entity submits this statement for t مرابع | the purpose of changing its r | egistered office or re | registered agent, or both, in the State of Florida. |
| SIGNATURE | Signature, gand or printed name of registered agent and | d title if applicable (NOTE: | Registered Agent signature r | Janus 4-29-02 o required when reinstaing): DATE |
| Tax filing | oration is eligible to satisfy its Intangible requirement and elects to do so. If a on back) | After May 1 | y_1. Fee is \$150.00 , Fee is \$550.00 UBR is \$61.25 e to Department of | 10. Election Campaign Financing \$5.00 May Be |
| 11. | OFFICERS AND DI | | 1 | |
| TITLE NAME | President | | ITTLE | |
| STREET ADDRESS CITY-ST-ZIP | Jim Thomas PO Box 2550 Treasure Island Fl | 33741 | NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE | +slend / | 30:10 | TITLE | |
| NAME STREET ADDRESS CITY-ST-ZIP | | • | NAME. STREET ADDRESS | A STATE OF THE STA |
| TITLE | | | CITY-ST-ZIP | |
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| STREET ADDRESS CITY-ST-ZIP | · | | STREET ADDRESS CHY-ST-ZIP | DO NOT WRITE |
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| NAME STREET ADDRESS | جانبان دون بالمعارضية المانات بإنداد . | المحاضية والمحاسدات | NAME STREET ADDRESS | |
| CITY-\$1-ZIP | | | CITY-ST-ZIP | |
| TITLE | | | TITLE | |
| NAME STREET ADDRESS | | | NAME STORET ADDRESS | The second secon |
| CITY-ST-ZIP | | • | STREET ADDRESS CITY: ST-ZIP | |
| of the core | ertify that the information supplied with this on this report or supplemental report is tru poration or the receiver or trustee empowent of with an address, with all other like empo- | erod to execute this report of | <u> </u> | in Section 119.07(3)(i). Florida Statutes. I further certify that the information of the same legal effect as if made under oath; that I am an officer or director oter 607. Florida Statutes: and that my name appears in Block 11 or on an |

SIGNATURE: