

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P96000041781		
-------------------------	--	---

**FILED  
Apr 12, 2004 8:00 am  
Secretary of State**

04-12-2004 90645 001 \*\*\*150.00

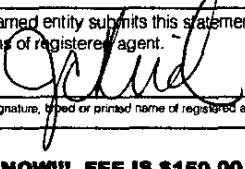
14002200



04082004 Chg-P CR2E034 (10/03)

Principal Place of Business 101 PARK PLACE BLVD., SUITE 3 STE 1 KISSIMMEE, FL 32741	Mailing Address 101 PARK PLACE BLVD., SUITE 3 STE 1 KISSIMMEE, FL 32741
2. Principal Place of Business 2701 Michigan Ave Suite J	3. Mailing Address Suite, Apt. #, etc.
City & State KISSIMMEE, FL	City & State
Zip 34744	Country USA
6. Name and Address of Current Registered Agent REICH, JOHN C 101 PARK PLACE BLVD., SUITE 3 STE 1 KISSIMMEE, FL 32741	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2701 Michigan Ave Suite J City Kissimmee Zip Code FL 34744
4. FEI Number 59-3383171	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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 accept the obligations of registered agent.

SIGNATURE 

(Signature, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE 

**FILE NOW!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.  \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REICH, JOHN C 101 PARK PLACE BLVD, STE-1 KISSIMMEE, FL 32741	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 2701 MICHIGAN AVE SUITE J KISSIMMEE, FL 34744
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REICH, SHAYNA THOMAS 3675 BOGGY CREEK ROAD KISSIMMEE, FL 34744	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP

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 attachment with an address, with all other like empowered.

SIGNATURE:   
Shayna Reich, director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.08.04 407-847-4888

Date Daytime Phone #