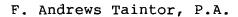
FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P96000047500 1. Entity Name





FILED Jun 30, 2004 8:00 am Secretary of State

06-30-2004 90002 041 ***550.00



	OO NOT WRITE	IN THIS SP	AC		ु ^क 540	59310
2. Principal Place of Business 5051 Castello Dr. Suite, Apt. #, etc.		3. Mailing Address 5051 Castello Drive,#5 Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	
Suite 5		dulle, Apt. #, dic.			BO NOT WHILE IN THIS STAGE	
City & State Naples, FL		City & State			4. FEI Number 59-339100!	Applied For Not Applicable
Zip	Country	Zip	Zip Country		5. Certificate of Status Desired \$8.75 Additional	
34	103 USA	34103	U	SA	7. Name and Address of Current Regis	Fee Required
DO NOT WRITE				Name F. Andrews Taintor Street Address (P.O. Box Number is Not Acceptable)		
	IN THIS SE	ACE		City	stello Drive, Suite	Zip Code
Naples 34103 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						
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State					Election Campaign Financin Trust Fund Contribution.	\$5.00 May Be Added to Fees
10.	OFFICERS AND	2757-5956-655			ana, alau a na kaka lau sa managa atau mana ana mana ang g	
NAME STREET ADDRESS CITY-ST-ZIP	PST Taintor, F. Andr. 5051 Castello D. Naples, FL 3410	., Ste 5	5.00 M			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Naproby II 3110		· 新一直的证	可以是一个是一个加新了中国的国际。		
NAME STREET ADDRESS CITY-ST-ZIP	VPAT Taintor, Mary Lou 5051 Castello Dr.	, Ste 5	NAM Stre	E Et adoress : -ST-7/P	DO NOT W	RITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Naples, FL 34103		0,40		IN THIS SP	ACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			a. Attine	프로카 된 그들 하나 살이 다 밥했다.		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1			E		ergy () en og sinter i til en til gerifærte og Nærska grifte er Begriffe

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 of 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 on an attachment with an application of the receiver of the receiver of trustee empowered.

SIGNATURE

NAME OF SIGNING OFFICER OR DIRECTOR