2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: _

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

1. Entity Nam	MENT # P960000731	42		Secretary or State
Principal Place 41 SW MONT STUART, FL	EREY RD	Mailing Address 691 SW PINE TREE LN PALM CITY, FL 34990		
D	O NOT WRITE 6. Name and Address of Current Re		CE	04272005 No Chg-P CR2E034 (10/03) 4. FEI Number
691 SW PI	A, JOSEPH M INE TREE LN Y, FL 34990			DO NOT WRITE IN THIS SPACE
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, typod or printed name of registered agent and title if applicable THOTE Registered Agent signature required when reinstating) DATE				
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00		ncing \$5.	.00 May Be ed to Fees
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CALABRIA, JOSEPH 691 SW PINE TREE LN PALM CITY, FL 34990	RECTORS		
NAME STREET ADDRESS CITY+ST-ZIP			Strand out of the strange of the str	* 104/29/05-80100-009 150.00
NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE
NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		19684 .		-
TITLE NAME STREET, ADDRESS CITY - ST - ZIP				
12. I hereby certify that the information supplied with this filling 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 cath; that I am an officer or director of the corporation or the receiver or trustee arms wered 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 affachment with an address with all other like empowered.				