2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jun 02, 2005 8:00 am Secretary of State

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6. Name and Address of Current Registered Agent City & State City & St	6335 CARRIE ANN CT ORLANDO, FL 32819 2. Principal Place of Business Suite, Apt. #, etc. City & State City Street Address of Current Registered Agent T. Name Name Name Name City Street Address (P.O. Box No.	Chg-P CR2E034 (10/03) ther Applied For Not Applicable te of Status Desired \$8.75 Additional Fee Required and Address of New Registered Agent
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DECKER, RALPH G ATTY 3302 MARDIS ROAD ORLANDO, FL 32808 Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 6. 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 acceptable of the obligations of registered office or registered agent, or both, in the State of Florida. I am familiar with, and acceptable of the obligations of registered agent are already agent and size it applicable. FILE NOWIII FEE IS \$55.00 Due by September 7, 2005 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. TITLE P/S NAME WEISE, DIRK STREET ADDRESS GITY-ST-ZIP ORLANDO, FL 32819 TITLE NAME STREET ADDRESS GITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM	DECKER, RALPH G ATTY 3302 MARDIS ROAD ORLANDO, FL 32808 6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, of the obligations of registered agent and site if applicable. FILE NOWII! FEE IS \$550.00 Due by September 7, 2005 10. OFFICERS AND DIRECTORS 11. ADDITION TITLE P/S NAME WEISE, DIRK STREET ADDRESS GITY-ST-ZIP TITLE NAME STREET ADDRESS GITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME	
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City FL Zip Code 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 accent the obligations of registered agent agent and other applicable. Signature byped or printed name of ingustered agent and other applicable. (NOTE: Registered Agent signature required when reinstating) DATE	8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, of the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. FILE NOWIII FEE IS \$550.00 Due by September 7, 2005 10. OFFICERS AND DIRECTORS 11. ADDITION TITLE NAME WEISE, DIRK STREET ADDRESS CITY-ST-ZIP TITLE NAME Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accert the obligations of registered agent and site if applicable. Signature	8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, of the obligations of registered agent and title if applicable. Signature	
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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 of trostee 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 approximation of the receiver of trostee empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/28/2005

2420

Daytime Phone #