2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 21, 2005 08:00 AM Secretary of State

1. Entity Nam	MENT # P960000823	41			accreainty or some	
Principal Plac 4821 GEORG TAMPA, FL	GE RD	Mailing Address 4821 GEORGE RD TAMPA, FL 33634			117 BB/11 BB/10 1 B7/0 11WBB 1771 41BW7 3/01BB7 37 3WH	
DO NOT WRITE IN THIS SPACE				02102005 No Chg-F 4. FE! Number 59-3404907 5. Certificate of Status Desir	Applied For Not Applicable	1
6. Name and Address of Current Registered Agent MALKI, MILAD 4821 GEORGE RD TAMPA, FL 33634			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 Sphalure, typod or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE						
After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	9. Election Campaign Finan Trust Fund Contribution.		00 May Be ed to Fees		
10. IIILE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIR PTO MILAD MALKI 177 LAKEVIEW WAY OLDSMAR, FL 34677	ECTORS				-
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3,000		02/21/1	000237782 JS-80072-017 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		·		DO NOT		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS !	SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						1
indicated of the corp changed,	certify that the information supplied with this on this report or supplemental report is true poration or the receiver or trustee empower or on an attachment with an address, with	and accurate and that my signation as require	ira shall have the s	ame legal effect as it mage lin	der oath: that I am an officer of difector	
SIGNAT	URE: SIGNATURE AND TYPED OR PRINT	D NAME OF SIGNING OFFICER OR DIRECT		2/15/0	Daylime Phone #	}