2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 29, 2005 8:00 am Secretary of State

Principal Place of Business 3800 KENNY DRIVE SARASOTA, FL 34232 2. Principal Place of Business 612 N ORANGE AVE SUITE C-6 IJPITER, FL 33458 2. Principal Place of Business 612 N ORANGE AVE Suite, Apt. * etc. O4252005 Chg-P CR2E034 (10/03) Applied Southing and Address of Current Registered Agent To Norman and Address of New Registered Agent Name Name Name Name Sireet Address (P.O. Box Number is Not Acceptable) Sireet Address (P.O. Box Number is Not Acceptable) City FL Zip Code Signature, One of the State of Florida. I am familiar with, and the obligations of registered agent. Signature Signa	
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. O4252005 Chg-P CR2E034 (10/03) City & State City & State Country Zip Country Zip Country S. Certificate of Status Desired Status Desired Statists Desired	
Suife C - 6 City & State	
Supplied Florida Country Zip Country Supplied Status Desired	
5. Certificate of Status Desired	
MILLER, JOHN W 612 N ORANGE AVE SUITE C-6 JUPITER, FL 33458 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 the obligations of registered agent. SIGNATURE Signature, hyped or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILÉ NOWILL FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN MAKE MILLER, JOHN W ORANGE NAME NAME NAME NAME NAME	I
Street Address (P.O. Box Number is Not Acceptable) 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 the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remitating) DATE FILÉ NOWILL FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Delete TITLE MILLER, JOHN W Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code In the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remitating) DATE FILÉ NOWILL FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN Delete NAME MILLER, JOHN W	
B. 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 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 FILÉ NOWILL FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN ITILE NAME MILLER, JOHN W	
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 the obligations of registered agent. SIGNATURE Signature. (NOTE: Registered Agent signature required when reinstating) DATE FILÉ NOWISI FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN ITILE NAME MILLER, JOHN W Delete TITLE NAME MILLER, JOHN W	
the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent dignature required when reinstating) P. : FILÉ NOWIS FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. 3. Election Campaign Financing Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN ITILE NAME MILLER, JOHN W Change	
Signature, typed or priviled name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remistating) PLECTION Campaign Financing Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TITLE DElete TITLE NAME MILLER, JOHN W NAME NAME NAME NOTE: Registered Agent signature required when remistating) \$5.00 May Be Added to Fees 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TITLE NAME	iccept
FILÉ NOWIII FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TITLE NAME MILLER, JOHN W 10. Delete 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN NAME	
TITLE D Delete TITLE Change C	
NAME MILLER, JOHN W	1
CITY-ST-ZIP JUPITER, FL 33458 CITY-ST-ZIP	Addition
TITLE Delete TITLE Change Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	Addition
TITLE TITLE TITLE TITLE CHange CANAME NAME STREET ADDRESS CITY-ST-ZIP TITLE CHANGE CHANGE	
TITLE TITLE TITLE TITLE Change Change STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	Addition
TITLE NAME SIREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP	Addition Addition
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 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 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 supplied intal 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 in the same legal effect as if made under cath; that I am an officer or in the same legal effect as if made under cath; that I am an officer or in the same legal effect as if made under cath; that I am an officer or in the same legal effect as if made under cath; that I am an officer or in the same legal effect as if made under cath; that I am an officer or in the same legal effect as if made under cath; that I am an officer or in the same legal effect as if made under cath; that I am an officer or in the same legal effect as if made under cath; that I am an officer or in the same legal effect as if made under cath; that I am an officer or in the same legal effect as if made under cath; the I am an officer or in the same legal effect as if made under cath; that I am an officer or in the same legal effect as if made under cath.	

12. I hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplied 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 of the receiver of trastee 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 all other like empowered.

SIGNATURE

04/21/05

561-743-2299

Daytime Phone #