## FILED May 21, 2002 8:00 am Secretary of State

FOR PROFIT CORPORATION					
UNIFORM	BUSINESS	REPORT	(UBR)		
		to an a			

D. B. TO Trc.	JZ 1170	05-21-2002 91218 045 ***150.00					
DO NOT WRITE	IN THIS SP						
2. Principal Place of Business [995: Military R. Suite, Apt. #, etc.	3. Mailing Address (	litary	DO NOT WRITE IN THIS SPACE				
City & State WEST AHM BCN #1.  Zip Zip Country WS	City & State West PATR Zip 3340b	Beacht!	4. FEI Number  4. FEI Number  4. FEI Number  4. Splied For  5. Certificate of Status Desired  5. Certificate of Status Desired				
7. Name and Address of Current Registered Agent  Name  Name  Street Address of Current Registered Agent  Name  Street Address (P.O., Box Number is Not Acceptable)  Street Address of Current Registered Agent  Name  Street Address (P.O., Box Number is Not Acceptable)							
8. The above named entity submits this statement is the purpose of changing its registered office or registered agent, or both, in the State of Florida.  SIGNATURE  Signature: typed or printed name of recovered agent and title if applicable. (NOTE: Registered Agent signature required when renstating)  DATE							
9. This corporation is eligible to satisfy its linearigible  After May 1,		y 1 Fee is \$150.00 , Fee is \$550.00 UBR is \$61.25 a to Department of St	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees ate				
11. OFFICERS AND E  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  AT LOW HS  CITY-ST-ZIP  AT LOW HS  TO THE CONTROL OFFICERS AND E  THE CONTROL OF	Blod APT301 33462	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CROEDAR (12/01)	11001			
TITLE  NAME  STREET ADDRESS  CITY.ST.ZIP  LOVE TOWN  TITLE  SECTRETAIN  PNULYD N. ON-  GLOBS  BYANGUL  LOVE	eill ane 1-33461	TITLE NAME STREET ADDRESS CITY-ST-ZIP		7			
TITLE . NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADORESS CITY-ST-ZIP	DO NOT WRITE	_			
TITLE  NAME  STREET ADDRESS  CITY-ST-2IP		NAME STREET ADDRESS CITY-ST-ZIP	IN THIS SPACE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP					
attachment with an address, with all other like in	wero.		Section 119.07(3)(i), Florida Statutes. I further certify that the information e same legal effect as if made under oath; that I am an officer or director 607, Florida Statutes; and that my name appears in Block 11 or on an				
8 SIGNATURE AND TYPED OR PR	TIMED NAME OF SIGNING OFFICER OF	K DIRECTOR	Date Daytime Phone /				