## **2003 FOR PROFIT CORPORATION**

SIGNATURE:

DOCU  1. Entity Nam		<b>SS REPOR</b> 0026589			FILED Apr 17, 2003 8:00 am Secretary of State 04-17-2003 90175 035 ***150.00	0425831 AV
40445 TANGLE APT 643	e of Business EWOOD EAST GARDENS FL 33410	Mailing Address PO BOX 1414 JUPITER FL 33468 US  3. Mailing Address Suite, Apt. #, etc.				
2. Principal P 4045 Suite, Apt. Apt.	#, etc.				CHECK HERE IF MAKING CHANGES	
City & Stat	ach Gardens Fh	City & State			4. FEI Number 65-0793695 Applied For Not Applicable	]
334	Country	Zip	Country		5. Certificate of Status Desired S8.75 Additional Fee Required	1
331	6. Name and Address of Current F	egistered Agent	<u> </u>	<del></del>	7. Name and Address of New Registered Agent	-
DAVIS, KENNETH 4045 TANGLEWOOD EAST PALM BCH GARDENS FL 33410				Street Address (P.O. Box Number is Not Acceptable)		
I ALIVI DOI	T CARDENOTE SOFT		Çity	<del>,</del>	FL Zip Code	1
ن After	Signature, typed or printed name of registered agent an ILE NOW!!! FEE IS \$150,00 r May 1,2003 Fee will be \$550.00 c Payable to Florida Department of	State	Registered Agent si	gnature required	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	7
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, KENNETH 40445 TANGLEWOOD EAST PALM BEACH GARDENS FL 33410	- Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP	SS 401	sident/Treasurar   Change Addition Tokuson   Spinella Civale u Beach Gardens FL 33410	CR2E034 (10/02)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS Davis, Gregory S 40445 Tanglewood East Palm Beach Gardens FL 33410	<b>⊅</b> ⊠⊃elete	TITLE NAME STREET ADDRE CITY-ST-ZIP	SS 40'	President Change Addition Reach Savis  Beach Gandens FL 33410	CR
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAME STREET ADDRE	500	Change Addition	
title Name Street address City-St-Zip		□ Delcte	TITLE NAME STREET ADDRE	SS HO	ector Devis Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRE		Change Addition	
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	ss	☐ Change ☐ Addition	<del>-</del>
indicated	on this report or supplemental report is t	rue and accurate and that m	iv signature sha	III have the s	ction 119.07(3)(i), Florida Statutes. I further certify that the information same legal effect as if made under oath; that I am an officer or director, Florida Statutes; and that my name appears in Block 10 or Block 11 if	