

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
Apr 25, 2005 8:00 am  
Secretary of State**

04-25-2005 90249 048 \*\*\*150.00

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04212005 Chg-P CR2E034 (10/03)

DOCUMENT # P97000045093		
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Principal Place of Business 200 EAST WOODLAWN RD SUITE 320 CHARLOTTE, NC 28217 US	Mailing Address PO BOX 474570 CHARLOTTE, NC 28247 US	
2. Principal Place of Business 12857 E. INDEPENDENCE BLVD. Suite, Apt. #, etc. SUITE F City & State MATTHEWS NC Zip 28105 Country USA	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
4. FEI Number 56-1051265		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent TILLMAN, JOHN L JR. 747 BRIDGECREEK CT. SANFORD, FL 32771		7. Name and Address of New Registered Agent Name 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 accept the obligations of registered agent.

SIGNATURE

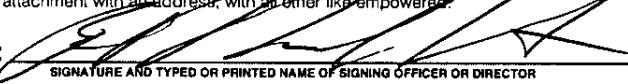
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MANUEL SMITH, ROBERT 200 EAST WOODLAWN RD, SUITE 320 CHARLOTTE, NC 28217	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C RUSSELL, EDWIN 200 EAST WOODLAWN RD, SUITE 320 CHARLOTTE, NC 28217	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TILLMAN, JOHN L JR. 200 EAST WOODLAWN RD, SUITE 320 CHARLOTTE, NC 28217	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 or trustee 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 address, with all other like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-21-05 704-893-0639

Date

Daytime Phone #