## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 09, 2005 08:00 AM Secretary of State

1. Entity Nan	MENT # P970000452					
6043 LOUIS	e of Business E COVE DRIVE E, FL 34786	Mailing Address 203 LOOKOUT PLACE SUITE A MAITLAND, FL 32751				
DO NOT WRITE IN THIS SPAC				05032005 <b>4.</b> FEI Number 59-3539	No Chg-P	CR2E034 (10/03)  Applied For Not Applicable  \$8.75 Additional Fee Required
SUITE A		DO NOT WRITE IN THIS SPACE				
the obligate SIGNATURE.	named entity submits this statement for the ions of registered agent.  Signature, upper or printed name of registered agent and the NOWILL FEE IS \$550.00	* *	ed Agent algnature required		ı, in the State of Flori	Ida. I am familiar with, and accept
	ue by September 7, 2005		LJ AQQ	ed to rees		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D LALLY, RASHEM S 6043 LOUISE COVE DRIVE WINDERMERE, FL 34786	ECTORS		Management of the Control of the Con		364590 80006-010 550.00
NAME STREET ADDRESS CITY-ST-ZIP				·		00000-010 COU.UU
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Title Name Street Address City-St-Zip	· · · · · · · · · · · · · · · · · · ·			Notice of the second of the se		
12. I hereby of indicated of the corrections of the	eritify 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	filing does not qualify for the exe and accurate and that my signa and to execute this report as requi all other like empowered.	mption stated in Se ture shall have the s ired by Chapter 607	ction 119.07(3)(i), same legal effect , Florida Statutes	Florida Statutes, I for as if made under oa and that my name i	urther certify that the information th; that I am an officer or director appears in Block 10 or Block 11 if