2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 03, 2005 8:00 am Secretary of State

1. Entity Nam THE CHR	MENT # P97000058	3481			(95-03-2005 90	122 002 ***150.0	00
Principal Place		Mailing Address		_				
	ATLANTIC AVENUE ACH SHORES, FL 32118		12 SOUTH ATLANTIC AVENUE LYTONA BEACH SHORES, FL 32118					
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2. Principal Pl	lace of Business	3. Mailing Address						
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		· · · · · · · · · · · · · · · · · · ·	03032005	Chg-P	CR2E034 (10/03)	
City & State	9	City & State			4. FEI Numbe 59-3458		i	oplied For ot Applicable
Zip	Country	Zip	Coun	try	5. Certificate of	of Status Desired	S8.75 Add Fee Require	
	6. Name and Address of Current	Registered Agent		Name	7. Name and	Address of New Re	egistered Agent	
NESTANDO TRACERCARRIZOS				GEOF	RGE L. KII	VG		
MAYPONAK BEAUCH SHURRESK KU KERKIS BAYPONAK BEAUCH SHURRESK KU KERKIS				Street Address (P.O. Box Number is Not Acceptable) 1901 ROUZBEH COURT				
				00				
			<u> </u>	City POR'I	ORANGE		FL Zip Cod	28
	named entity submits this statement for ions of registered agent.	or the purpose of changing it	ts register	ed office or registe	red agent, or both	n, in the State of Floa	rida. I am familiar with,	and accept
SIGNATURE_	Signature, lyped or printed name of registered agent	and title if applicable. (NC	OTE: Registere	d Agent signature require	d when reinstating)		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Final Trust Fund Contribution.								
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After Ma	ay 1, 2005 Fee will be \$550. OFFICERS AND	OO Trust Fund Cor	ntribution.	Ād		CHANGES TO OFFI	CERS AND DIRECTOR	
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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 trustate empowered to execute this report as required by Chapter 697, 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:	George L. King, Pres-Dir	03/23/05	(386) 257-6635
	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #