2003 FOR PROFIT CORPORATION

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)							FILED Apr 30, 2003 8:00 am Secretary of State	
DOCUMENT # P9700061496							Secretary of State	
1. Entity Nam		V					04-30-2003 90135 010 ***150.00	
Principal Place of Business Mailing Address ※製作業計算 おけんだ 大変にある。 ORLANDO だいがある ORLANDO だいがある						_		
2. Principal F	lace of Business		3. Mailing Address				- I INDIFIONE AND THE THE THE THE BEAT OF BEAT OF BEAT OF BEAT OF THE BEAT OF	
558 Osceola Court Same Suite, Apt. #, etc. Suite, Apt. #, etc.							☐ CHECK HERE IF MAKING CHANGES	
City & Stat	r Park,	DI	City & State				4. FEI Number 59-3457611 Applied For Not Applicable	
Zip Country			Zip	Zip Counti		5. Certificate of Status Desired \$8.75 Additional Fee Required		
<u> 32789</u>	6. Name and	Address of Current Re	aistered Agent	<u> </u>			7. Name and Address of New Registered Agent	
GOOGNINS; XINIELX.K 2501 SQUTEH BUMBY:AVE ORKANDO: FIX32808 X					Street Address (P.O. Box Number is Not Acceptable) 558 Osceola Court City Winter Park, FL Zip Code 32789			
SIGNATURE F	Signature, typed or printe ILE NOW!!! FE r May 1, 2003 Fe	geht.	title i Applicabi (NO)		ed office or a	egistere	when reinstating) 9. Election Campaign Financing Trust Fund Contribution.	
10.	C rayable to Flor	OFFICERS AND DI		11.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	OFFICERS AND DI	Delete	TITLE				8
NAME STREET ADDRESS CITY-ST-ZIP	BOOZER, CECIL E.			NAM! STRE			Osceola Court ter Park, FL 32789	CR2E034 (10/02)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ALTAMONIE CODINOC EL 22701			NAMI STRE	CITY-ST-7IP 558		esa F Boozer Osceola Court	CR2
TITLE NAME STREET ADDRESS CITY-ST-ZIP	X-101MINN M	NWAY WARRY	☐ Delete	TITLE NAME STREE		Wint	Change Addition	
TITLE NAME STREET ADDRESS CHY-ST-ZIP			☐ Delete				☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		ŀ		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREE	-		☐ Change ☐ Addition	
12. I hereby of indicated of the concentrated,	certify that the inform on this report or su poration or the rece or on an attachme	mation supplied with the polemental report is true iver or trustee expowers with an address with	s filing does no qualify for se and accurate and that i red to execute this report all other like empowered	r the exer my signat as requir	mption state ure shall ha ed by Chap	d in Sec ve the s ter 607,	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	

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #