## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 28, 2005 08:00 AM Secretary of State

| DOCUI  1. Entity Nam  (NACO, IN  Principal Place                                                                                                                                                                                                                                                                                                                                       | NC.                                                                                                                                                                                        | 2 ailing Address                                                                                                                        |                                                                   |                                                           | Secretary of State                                                                                                                                                               |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|-----------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 155 S HWY 1                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                            | 7 S HWY 17-92                                                                                                                           |                                                                   |                                                           |                                                                                                                                                                                  |  |
| E<br>Debary, Fl                                                                                                                                                                                                                                                                                                                                                                        | - 2<br>32713 E                                                                                                                                                                             | !<br>Debary, Fl. 32713                                                                                                                  |                                                                   |                                                           |                                                                                                                                                                                  |  |
| DO NOT WRITE IN THIS SPAC                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                            |                                                                                                                                         |                                                                   | 01222005 No Chg-P CR2E034 (10/03)  4. FEI Number          |                                                                                                                                                                                  |  |
| 1466 ENT                                                                                                                                                                                                                                                                                                                                                                               | HA, CLAUDIA<br>ERPRISE-OSTEEN RD<br>ISE, FL 32725                                                                                                                                          | иегеа Адепт                                                                                                                             | DO NOT WRITE<br>IN THIS SPACE                                     |                                                           |                                                                                                                                                                                  |  |
| 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 bits 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 Finar  Trust Fund Contribution.                                                                                                                                                                                                                                                              |                                                                                                                                                                                            |                                                                                                                                         |                                                                   | 6.00 May Be<br>ded to Fees                                |                                                                                                                                                                                  |  |
| 10.                                                                                                                                                                                                                                                                                                                                                                                    | OFFICERS AND DIRE                                                                                                                                                                          | CTORS                                                                                                                                   | -                                                                 |                                                           |                                                                                                                                                                                  |  |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                  | WARZECHA, CLAUDIA<br>1466 ENTERPRISE-OSTEEN RD<br>ENTERPRISE, FL 32725                                                                                                                     | · -                                                                                                                                     |                                                                   |                                                           | 000000201497<br>01/28/05-80070-001 150.00                                                                                                                                        |  |
| NAME<br>STREET ADDRESS<br>CITY+ST-ZIP                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                            |                                                                                                                                         |                                                                   |                                                           | ·                                                                                                                                                                                |  |
| NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                            |                                                                                                                                         |                                                                   | DO                                                        | NOT WRITE                                                                                                                                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY+ST-ZIP                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                            |                                                                                                                                         |                                                                   | IN .                                                      | THIS SPACE                                                                                                                                                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY+ST-ZIP                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                            |                                                                                                                                         |                                                                   |                                                           | -                                                                                                                                                                                |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                            |                                                                                                                                         |                                                                   |                                                           |                                                                                                                                                                                  |  |
| 12. I hereby indicated of the corchanged                                                                                                                                                                                                                                                                                                                                               | certify that the information supplied with this is on this regort or supplemental report is true poration or the receiver or tryletee empowers or on an attachment with an eadress, with a | filing does not qualify for the exe<br>and accurate and that my signs<br>of to execute this report as requ<br>all other like empowered. | emption stated in S<br>iture shall have the<br>ired by Chapter 60 | ection 119.07(3)<br>same legal effe<br>07, Florida Statut | (I), Florida Statutes. I further certify that the information of as if made under oath; that I am an officer or director as, and that my name appears in Block 10 or Block 11 if |  |