2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 16, 2005 08:00 AM Secretary of State

Applied For Nut Applicable

DOCUMENT # P97000097767 1. Entity Name GREGORY L. DENES, P.A.			Secretary of Sta		
Principal Place of Business	Mailing Address				
14255 US HWY 1 STE 243	14255 US HWY 1 		•		
JUNO BEACH, FL 33408_=	JUNO BEACH, FL 33408	ar i			
DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent		ACE	03312005 No Chg-P CF 4. FEt Number 65-0797188 5. Cortificate of Status Desired	Applied Fo Not Applied \$8.75 Additional Fee Required	
	Outroin Heliacide Adolf		THE R. S. FRINGS AND SEC. S. S. S.		
DENES, GREGORY L 14255 US HWY ONE SUITE 243 JUNO BEACH, FL 33408	- 15	·	DO NOT WRI	_	

8. The above the obligation of the obligation of the state of the stat	tions of registered agent,	ourpose of changing its register	ed office or r	egistered agent, or both	h, in the State of Florida I am familiar with, and accept		
	Signature, typed or printed name of registered agent and life			required when reinstating)	DATE		
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	 Election Campaign Final Trust Fund Contribution. 		\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	OTORS = -			A COMMAND SQUEST CONTROL OF SQUEST		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DENES, GREGORY L 14255 US_HWY ONE STE 243 JUNO BEACH, FL 33408						
TITLE NAME STREET ADDRESS CITY-ST-ZIP					U00000309354 :4/16/05-80032-019 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE			
TITLE NAME STREET ADDRESS CITY+ST-ZIP		. , , , , , , , , , , , , , , , , , , ,	IN THIS SPACE				
TITLE NAME STREET ADDRESS]	-	_		

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f). 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 professes improvement to execute thus 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 any argued less, with all other like emprovement.

SIGNATURE:

CITY-ST-ZIP TME NAME STRUET ADDRESS CITY-ST-ZIP