2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000002306

SIGNATURE:

FILED Apr 26, 2005 8:00 am Secretary of State

04-26-2005 90181 044 ***150 00

1. Entity Name DYE VER	e SIONS, INC.			04-26-2005 90181 044 ****150.00
Principal Place *1412 NW / IF -DANIA, FL 35	TST 921 N. O SYRE	Mailing Address C T P.O. BOX 4906 HOLLWOOD, FL 33083	121 N. C Lakewa	St. 20020022 Oxlh, FL
2. Principal Pl	ace of Business	3. Mailing Address	-	
Suite, Apt. #, etc. Lakeworth, F Suite, Apt. #, etc.				04102005 Chg-P CR2E034 (10/03)
City & State 33460		City & State		4. FEI Number Applied For 65-0811022 Not Applicable
Zip	Country ()SA	Zip	Country	5. Certificate of Status Desired See Required \$8.75 Additional Fee Required
	6. Name and Address of Current I	Registered Agent	Name	7. Name and Address of New Registered Agent
GREENE, WILLIAM 2300 W. Sample Rd. 14450 W SAMPLE RD 23005 ST. 104 COVAL Springs, FL 33072			Street Ad	Wel Springs FL Zipsods 073
		779 13		registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE				
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OATE				
FILE NOWIII FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees				
10.	OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change
TITLE NAME STREET ADDRESS	UFTRING, LEON	O Street	NAME STREET ADDRESS	921 N. "O" Street
CITY-ST-ZIP	DANIA, FL 33004 Lakew	orth, FL 33460	CITY-ST-ZIP	Lake Worth, FL 33460
TITLE NAME STREET ADDRESS	D YOUNG, LORI 1412 NW 9TH ST- 921 N	Delete O Street	TITLE NAME STREET ADDRESS	921 N. "O" street
CITY-ST-ZIP	DANIA, EL 33004 Lake U	1014h, FL33460	CITY-ST-ZIP	Lake Worth, FL 33460
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME - STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	. Change Addition
indicated of the cor	on this report or supplemental report is	true and accurate and that my owered to execute this report as	signature shall ha	ed in Section 119.07(3)(i), Florida Statutes. I further certify that the information ave the same legal effect as if made under oath; that I am an officer or director pter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if