2005 FOR PROFIT CORPORATION

FILED Apr 08, 2005 8:00 am

DOCUMENT # P9800031452 1. Firmly filter proper Place of Business 150.00 140.	ANNUAL REPORT								Secretary of State				
Super April Process Super April Super Ap	DOCUMENT # P98000031452 1. Entity Name										_		
2.15 N. SERLES Suite Sui	Principal Place of Business			Mai	Mailing Address			40050142					
Sole, Apt. N. etc. Sate, Apt. R. etc. Sate,	5035 PALM AVE			21	215 W. 56TH ST.								
Suite, Apt. 6, etc. Cry & State Country	2. Principal Place of Business												
Signar County Zio County Zio County Zio County S. Condiction of Status Design S. 7. Name and Address of Current Registered Agent Signar Design S. Condiction of Status Design S. Condiction of New Registered Agent T. Name and Address of New Regi	Suite, Apt. #, etc.								04052005	Chg-P	CR2E	034 (10/03)	
S. Name and Address of Current Registered Agent 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 8. The above named entity submits this statemy at 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 orbigations of rights adjusted agent, or both, in the State of Florida. I am familiar with, and accept the orbigations of rights adjusted agent and the 6 sections. (POTE Registered Agent sequence when remoticing) 8. The above named entity submits this statemy at 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 orbigations of rights adjusted agent and the 6 sections. (POTE Registered Agent sequence when remoticing) 8. The above named entity submits this statemy at 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 orbigations of rights and accept and the 6 sections. (POTE Registered Agent sequence when remoticing) 8. The above named entity submits this statemy at 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 following its registered agent, or both, in the State of Florida. I am familiar with, and accept the following its registered agent, or both, in the State of Florida. I am familiar with, and accept and the feedback and following its registered agent, or both, in the State of Florida. I am familiar with, and accept and the feedback and following its registered agent, or both, in the State of Florida. I am familiar with, and accept and following its registered agent, or both, in the State of Florida. I am familiar with, and accept and following its registered agent, or both, in the State of Florida. I am familiar with, and accept and following its registered agent, or	City & State								i				·
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		Lertify that the i	nformation supplied w	vith this file	na does not qualify			ted in Se	ection 119 07/2)	(i) Florida Statuta	s I further co	ertify that the in	oformation.

ordicated 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 trustee empowered to execute this 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 an addisess, with all other the empowered.

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR