2005 FOR PROFIT CORPORATION

Anr 26. 2005 08:00 AM

		ANNUA	L KEPO	RI				Apr 20	, zuu	3 U0	UU A
1. Entity Nar	me	# P9800007 STMENTS INC.			Sec	retar	y of S	State			
Principal Pla	ce of Busines	=	Mailing Addr	ess			1				
1515 PINELLAS BAYWAY UNIT A-14 TIERRA VERDE, FL 33715			175 116TH AVENUE STE. 301 (C/O BECK) TREASURE ISLAND, FL 33706					E I SINI FRIII NAVEL ANGEL AN	lisi so ik i c oos a	TIIN WITH HEINT N	
2. Principal I	Place of Busin	ness	3. Mailing Ad	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt	Suite, Apt. #, etc.			04142005	Chg-P	CR2E0	34 (10/03)	
City & State			City & State	City & State			4. FEI Numbe 36-424			<u> </u>	pplied For ot Applicable
Zip		Country	Zip		Coun	try	5. Certificate	of Status Desired		\$8.75 Ad Fee Require	
6. Name and Address of Current Registered Agent						Name	7. Name and	Address of New F	Registered /	gent	
BECK, GEORGE J _ 175 116TH AVENUE						Street Address (P.O. Box Number is Not Acceptable)					
SUITE 301 TREASURE ISLAND, FL 33706			· =	-							
						City			FL	Zip Cod	
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 the II 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 Financing \$5.00 May Be Trust Fund Contribution. Added to Fees											
10.		OFFICERS AND	DIRECTORS		11.		ADDITIONS/	CHANGES TO OFF	ICERS AND	DIRECTOR	S IN 11
TITLE					TITLE	l				Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP						FT ADDRESS ST-ZIP			1332784		
TITLE	S Dolete 1			TITLE			04/26/05	00971	L'hange	Addition	
NAME STREET ADDRESS CITY - ST - ZIP	BECK, GEORGE J 175 116TH AVENUE, SUITE 301 TREASURE ISLAND, FL 33706				ET ADORESS ST-ZIP						
TITLE	☐ Delete TITL				TITLE					Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP						T ADDRESS ST-ZIP					
TITLE NAME				Delete	TITLE				,	Change	Addition
STREET ADDRESS GITY-ST-ZIP					STREE	T ADDRESS ST-ZIP					
TITLE NAME				Delete	TITLE					☐ Change	☐ Addition
STREET ADDRESS CITY+ST+ZIP						T ADDRESS ST-ZIP					
TITLE NAME				Delete	TITLE NAME					☐ Change	☐ Addilion
STREET ADDRESS CITY ST-ZIP					STREE*	T ADDRESS ST- ZIP					
12. I hereby of indicated of the corrections of the	certify that the on this report poration or in or attach	information supplied with t or supplemental aport is e receiver or trusted emp chrient with an address,	i this filing does no s true and accurate owered to execute with all other like e	ot qualify for the e and that my this report as misowered	hë exem / signatu s require	nption stated in Secure shall have the secure 607.	otion 119 07(3)(i) ame legal effect Florida Statutes	, Florida Statutes. I as if made under o and that my name	further certinath; that I are appears in	fy that the in n an officer Block 10 or	formation or director Block 11 if
SIGNATURE: APR 2 3 2005 SIGNATURE: David TypeD OR PRINTED NAME OF ALCHING DEFICER OR DIRECTOR David David David David David Proces of David Da											
		PICHATORY AND TYPED OR	PRIMITED MAME UP SIGN	BUT DE LICER OF	S DIRECTO	n e		Date	Day	rtime Phone #	