2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

| Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Addit Fee Required 6. Name and Address of Current Registered Agent Name SMITH, EARL JR 4115 EAST STATE ROAD 46 SANFORD FL 32771 City FL Zip Code 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, at the obligations of registered agent. SIGNATURE Signature typed or privided name of registered agent and bill of applicable (NOTE Registered Agent signature reducted when representing) PATE FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Re \$550.00 9. Election Campaign Financing \$5.0 | M | | |
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| Principal Place of Business Mailing Address 4115 EAST STATE ROAD 46 SANFORD FL 32771 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) 4. FEI Number 59-3556532 Apr. Apt. #, etc. Zip | May 02, 2005 08:00 AM Secretary of State | | |
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| 2. Principal Place of Business 3. Mailing Address Suris, Apt #, etc. Sulle, Apt. #, etc. Sulle, Apt. #, etc. City & State City & State Zip Country Zip Country S. Name and Address of Current Registered Agent SMITH, EARL JR 4. FEI Number 59-3556532 April Not Specific SMITH, EARL JR 4.115 EAST STATE ROAD 46 SANFORD FL 32771 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, a the obligations of registered agent. SIGNATURE Signature typic or united nerve of registered agent and tile of applicable PLE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/C-HANGES TO OFFICERS AND DIRECTORS INTEL MOMES SOTS COUNTY ROAD 427 Change SOTS COUNTY ROAD 427 Change INTEL MOMES SOTS COUNTY ROAD 427 Change INTEL MOMES SOTS COUNTY ROAD 427 Change SOTS COUNTY ROAD | | | |
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| S. Certificate of Status Desired 6. Name and Address of Current Registered Agent SMITH, EARL JR 4115 EAST STATE ROAD 46 SANFORD FL 32771 City FL Zip Code 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 7. 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, a thie obligations of registered agent agent and the displicable (NOTE Registered Agent signalure recurred when reciseling) PATE FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IIII NAMA SIMITH, EARL JR. SMITH, EARL JR. SMITH, EARL JR. SIMITH, EARL JR. SIMITH ADDRESS GOTS COUNTY ROAD 427 SIREHADDRESS GO | lied For Applicat' | | |
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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information on this report or supplemental report is true and acquate and that my signature shall have the same legal effect as if made under oath; that I am an officer or of the corporation or the receiver or trustee empowered to exact the this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Exchanged, or on an attachment with an address that all other like empowered. SIGNATIOE. | rmation director lock 11 if | | |

Date Daytime Phone #