2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 30, 2005 08:00 AM Secretary of State

DOCUMENT # P9900043425 1. Entity Name GARY M. BAGLIEBTER, P.A.			Secretary of State	
Principal Place of Business 200 E. BROWARD BLVD., STE 2000 FT LAUDERDALE, FL 33301 Mailing Address 200 E. BROWARD BLVD., STE 2000 FT LAUDERDALE, FL 33301 FT LAUDERDALE, FL 33301				I SENTINGS IN SENT INSI BANI BANI KANI KENI NENI KENI KURET INI BINIK NOTE TIMBU I SEN
DO NOT WRITE IN THIS SPAC			CE	03282005 No Chg-P CR2E034 (10/03) 4. FEI Number
6. Name and Address of Current Registered Agent BAGLIEBTER, GARY M ESQ 200 E. BROWARD BLVD., STE 2000 FT LAUDERDALE, FL 33301				DO NOT WRITE IN THIS SPACE
3. 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 tills if applicable (NOTE Registered Agent signature regulated 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				
STREET ADDRESS 2	OFFICERS AND DIRECT OF THE PROPERTY OF THE PRO	CTORS		U00000280247 03/30/05-80013-001 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			***************************************	DO NOT WRITE IN THIS SPACE
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			2000,000,000	
STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(1), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and occurate 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 of trustee employered 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 address with all other like empowered. SIGNATURE: Oary M. Dagli else 3/28/05 954/524-505				

NATURE AND TYPED ON PHINTED NAME OF SIGNING OFFICER OF DIRECTOR

SIGNATURE: