2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 16, 2005 08:00 AM Secretary of State

4.1405 Date 904-733-4149 Daylime Phone #

1. Entity Nam	MENT # P990000439	980		Secretary of State
1083 TOLKIE	e of Business IN LANE E, FL 32225	Mailing Address PO BOX 16952 JACKSONVILLE, FL 32245-6	952	
۵	O NOT WRITE	IN THIS SPA	CE	04142005 No Chg-P CR2E034 (10/03) 4. FEI Number
				DO NOT WRITE IN THIS SPACE
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 grinted name of registered agent and fills it applicable (NOTE Registered Agent signature required when refinalish) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees				
10.	OFFICERS AND D		· · · · · · · · · · · · · · · · · · ·	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVTS TINOCO, RUBEN 1083 TOLKIEN LANE JACKSONVILLE, FL 32225	INECTORS		-1000000309205 04/16/05-80027-023 150.00
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12. I hereby certify that the information supplied with this filling 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 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 accress, with all other like empowered.				

KUMTINGO SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _