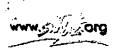
2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary of State DOCUMENT # P99000069850 02-04-2005 90047 006 ***158.75 CONDO EXPRESS, INC. Principal Place of Business Mailing Address 40016140 6225 BUCK FEVER RD P.O. BOX 537 POLK CITY, FL 33868 POLK CITY, FL 33868 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01212005 CR2E034 (10/03) Chg-P City & State City & State 4. FEI Number Applied For 59-3436451 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MILLICAN, SUSAN Street Address (P.O. Box Number is Not Acceptable) 6225 BUCK FEVER RD POLK CITY, FL 33868 City 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, and accept the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change Addition MILLICAN, SUSAN E NAME NAME STREET ADDRESS P.O. BOX 537 STREET ADDRESS CITY-ST-ZIP POLK CITY, FL 33868 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition MILLICAN, JAMES TONY NAME NAMÉ STREET ADDRESS P.O. BOX 537 STREET ADDRESS CITY-ST-ZIP POLK CITY, FL 33868 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME DONNA CLYNM NAME STREET ADDRESS STREET ADORESS PO BON 537 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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)(i), 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 address, with all other like empowered.

FILED Feb 04, 2005 8:00 am



ATTACHMENT 40012740 Division of Corporations 40012740

Annual Report

Document Number
P99000069850
Business Entity Name
CONDO EXPRESS, INC.

FEI Number	593594635
FEI Number Status	CApplied For Not Applicable Current
Certificate of Status Desired	(Yes) (No \$8.75 each
Election Campaign Financing Trust F	und Contribution Y's No
•	
Pri	incipal Place of Business
Address	6225 BUCK FEVER RD
Suite, Apt. #, etc.	
City. State	POLK CITY . FL
Zip Code & Country	33868
	•
	Mailing Address
Address	P.O. BOX 537
Suite, Apt. #, etc.	
City, Stage	POLK CITY , FL
Zip Code & Country	
,	•
Name An	nd Address of Registered Agent
Name (Last, First, Middle, Title)	MILLICAN SUSAN E P
-or- RA Business Name	45
Address	6225 BUCK FEVER RD
Suite, Apt. #. etc.	
•	POLK CITY . FL
Zîp Code & Country	33868 US
If there is a change in register the 'Registered Agent Signat agent. RA signature must be individual must sign on their	red agent, the new agent will need to type their name in ure' block below to accept the designation of registered e an individual name. If the RA is a business entity, an r behalf. A business entity cannot serve as its own RA.
Registered Agent Sign	ature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06. Florida Statutes.

EDEGLOCIO BOLO DOS

C/C:4

Title ,	P		-	#PG	0012740 1900019850)
Name (Last, First, Middle, Title	MILLICAN	SUSAN				
-or- Entity Name				<u></u>	 '	
Street Address	P.O. BOX 537	Aj.	···	<u> </u>	-	
City, State	POLK CITY		, FL	_		
Zip Code & Country	33868		,			
Title	VP					
Name (Last, First, Middle, Title) MILLICAN	JAMES TO	ONY	_[_		
-or- Entity Name					<u> </u>	
Street Address	P.O. BOX 537			*****	_	
City, State	POLK CITY		. FL	_		
Zip Code & Country	33868				·	
Title	SI				, , , , , , , , , , , , , , , , , , ,	<u></u>
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-or- Entity Name					-'	
Street Address	P.O.BOX 537				_	
City, State	POLK CITY		, FL			
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Zip Code & Country						
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-or- Entity Name		•			 -	
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City, State			-,[-			
Zin Code & Country	<u> </u>	-	-			

שמור כחב במת ימוד במשני "ד במוד יישור

ATTACHMENT

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Officer/Director Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

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Annual Report Help....