FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

FILED May 27, 2002 8:00 am Secretary of State

DOCUMENT # Page 000000000000000000000000000000000000							05-27-2002 90502 039 ***158.75			
			IN THIS S	PAC	E					
2. Principal Place of Business 3. Mailing Address						\exists				
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc.					x 607		DO NOT WRITE IN THIS SPACE			
City & Sta	ate aco/a	FI	City & State				FEI Number		Applied For	
Zip		Country	Zip	Count	try	- 1	59-3604276		Not Applicable 8.75 Additional	
3250	5/	USA	32572-	115	4	1	Certificate of Status Desired	Fe	e Required	
					Name	7. N	ame and Address of Current	Registered A	gent	
DO NOT WRITE IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its required.					Street Address	(P.O.	P.O. Box Number is Not Acceptable)			
					3509	Ec	interest a			
					City Rece			FL	Zip Code ろとらっ/	
a. The above	e named entity:	submits this statement for	the purpose of changing its	registere	d office or registe	ered aç	ent, or both, in the State of Flo	rida.		
SIGNATURE										
	Signature, typed or	printed name of registered agent an	d litle if applicable. (NOTE	: Registered	Agent signature require	ed when n	einstating)	DATE		
9. This corpo	oration is eligib	le to satisfy its Intangible	January 1 - M After May	ay 1 Fee	s is \$150.00		40 Flortion Compaign Sin			
(See criteria on back) Amended (\$61.25		 Election Campaign Final Trust Fund Contribution 	ancing L	\$5.00 May Be Added to Fees	
11.		OFFICERS AND D	Make Check Payab	ie to De	partment of Sta	ate	-			
TITLE	Brosto	Cat		TITLE						
NAME	Jeffrey	Leeds denburgh a	,	NAME	ŀ					
STREET ADDRESS	3509 6	denburge a	~		F ADDRESS					
CITY-ST-ZIP	Pace	F1 32571		CITY-S	ST-ZIP					
TITLE	Sec rey	ary ,		TITLE						
NAME CTOSET ADDRESS	Holly Loods				ME `					
STREET ADDRESS CITY-ST-ZIP	12306 600 79 300 96 100				STREET ADDRESS				j	
	140-	F1 3257	<u></u>	CITY-S	T-ZIP					
TITLE NAME				TITLE]					
STREET ADDRESS				NAME						
CITY-ST-ZIP				STREET CITY-S	ADDRESS		DO NOT \	NRIT		
TITLE					1-21					
NAME				TITLE NAME			IN THIS S	PACI		
STREET ADDRESS					ADDRESS				_	
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VAME			•	NAME	1				1	
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CITY-ST-ZIP				CITY-ST	- ZIP				!	
or the corp	poration or the i	formation supplied with thi supplemental report is tru receiver or trustee empow ss, with all other like empo	ered to execute this report	he exemp signatur as requir	otion stated in Se e shall have the s ed by Chapter 60	ction 1 same le 07, Flori	i 9.07(3)(i), Florida Statutes. I fi gal effect as if made under oa da Statutes; and that my name	inher certify thin, that I am and a ppears in E	nat the information officer or director Block 11 or on an	

SIGNATURE:

Jeffey Coods 4/25/02