FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 01, 2003 8:00 am Secretary of State

DOCUMENT # P 990000 98730			05-01-2003 91007 022 ***150.0	Ю
ALLAER OFECK IN	, (
ACCIONECT INC			70053979	
DO NOT WRITE IN THIS SPACE				
DO NOT WRITE	III IFIIO O	PACE		
2. Principal Place of Business 2704-NEVS COURT.	3. Mailing Address		`	
Suite, Apt. #. etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
Fort LAUD A.	City & State	,	4. FEI Dumber Applied For Not Applied For	
Zip 3 3 3 0 Country & A	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required	7
	* * * * * * * * * * * * * * * * * * *		7. Name and Address of Current Registered Agent	
DO NOT W	DITE	Name W	U/m Deck	
DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) No. Thus Space				
IN THIS SP	ACE			1
		City #	Launentale FL Zipgogez 05	1
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.				
SICNATURE				
Stytusturic, typed or skinted name of registered agent a		E: Registered Ageni signaturo inquir	ud when re-instating) DATE	_
9. This corporation is eligible to satisfy its Intangible Yex filling requirement and elects to do so. January 1 - May 1 - Fee is \$150.00 After May 1, Fee is \$550.00 After May 1, Fee is \$550.00			10. Election Campaign Financing \$5.00 May Be	
(See criteria on back)		d UBR is \$61.25 ble to Department of St	Trust Fund Contribution. Added to Fees	
11. OFFICERS AND	DIRECTORS	***	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	=
NAME CONCLIAN DOCK		TITLE		12/0
STRUET ADDRESS NOY WE WE T.		STREET ADDRESS		B (1
	3301	CITY ² ST-ZIP		CR2E034B (12/01)
NAME GREECULY P. DECK		TITLE NAME		CR2
STREET ADDRESS		STREET ADDRESS		
CITY-SI-ZIP F Caro FC 32	305	CHY-ST-ZIP		4
TITLE NAME		NAME	e res	
STREET ADDRESS		STREET ADDRESS	DO NOT WRITE	
CITY-ST-ZIP		S CHYgSTgZiPt 3 -	The state of the s	-
NAME		NAME -	IN THIS SPACE	
STREET ADDRESS		STREET ADDRESS CHY-S1-ZIP		
CITY-ST-ZIP ,		TITLE 3		Ä
NAME		NAME		
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS		
TITLE		THLE, we will be a second		7
NAME.		NAME.		
STREET ADDRESS CITY-ST-7IP		CHA-SI-SIN		"
	this filing does not qualify fo		Section 119.07(3)(ii). Florida Statutes. Hurther certify that the information	7

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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/03 954 928 051