## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 24, 2005 8:00 am Secretary of State

AITHOAL ILL OIL				secretary of State		
1. Entity Nam	MENT # P99000107	745		•	5 90049 018 ***158.75	
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Principal Plac		Mailing Address			<b>20005584</b>	
1268 GALLO	IP DR. EE, FL 33470	1268 GALLOP DR. Loxahatchee, Fl. 3347	0		_	
LUXANATONI	LE, FE 33470	LUMANATUNEE, FL 3347	U			
					NIN KUN TUK 100K KUN AND AND KATUMAN KATU	
2. Principal P	lace of Business	3. Mailing Address	.1.1.3/			
13713 0	U. FOREST HILL Blus	, <u>, , , , , , , , , , , , , , , , , , </u>	HIII DIUD			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		01132005 Chg-P	CR2E034 (10/03)	
City & Stat	9	City & State		4. FEt Number	Applied For	
	ing Tod F	WEI/ING TON.	FI	65-0967453	Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional	
33419	USA	33414	USA		Fee Required	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent						
PRESCOTT, WARREN L			WA!	Name WALREN L. PRESCOTT		
1268 GALLOP DR.			Street Address	s (P.O. Box Number is Not Acceptal	ole)	
LOXAHATCHEE, FL 33470						
			-51	KIVEL DAINE		
Ø			City 7	FRIECTA	FL 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 agen.						
SIGNATURE A/1965						
Signature type or printer name of epistered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)						
FILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees						
10.	OFFICERS AND I	DIRECTORS	11.	ADDITIONS/CHANGES TO O	FICERS AND DIRECTORS IN 11	
TITLE	D	Delete		1)	Change Addition	
NAME STREET ADDRESS	PRESCOTT, WARREN L			ARREN L. PRESCOTT SI RIVER DRIVE	•	
CITY-ST-ZIP	1268 GALLOP DR. LOXAHATCHEE, FL 33470		STREET ADDRESS	LI PILLER DRIVE		
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12. Thereby certify that the information supplied with this filling boes not quality 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 exhibitions are provided 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 attachnique with an address, with all other like empowered.

SIGNATURE: \_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/19/05

Daytime Phone #