2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

September 2 Country	1. Entity Nam	MENT # \$73904				Apr 18, 2005 08:00 AM Secretary of State				
SUITE B 19802 2. Principal Place of Sutiness Suite, Apt #, etc.	Principal Plac	e of Business	Mailing Address		`	<u> </u>				
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Second Country Zip Country S. Certificate of Status Desired Se. 75 Additional Fool Regulated Se. 75 Additional Fool Regulated Fool Regulated Agent	Suite, Apt	#, etc.	Suite, Apt. #, etc.			1s	t MOORE	CR2E034 (1	0/04)	3 T =
S. Name and Address of Current Registered Agent WACKSMAN, BENJAMIN T. 110 EAST ST STE B TAMPA FL 33602 City FL Zip Code 8. The above named exitly submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am hamiliar with, and acceptable into obligations of registered agent. SIGNATURE Streamer, hower or remaind name of registered agent. FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State 10. OFFICIERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 INITIAL MAY 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State 10. OFFICIERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 INITIAL MAY 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State 10. OFFICIERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 INITIAL MAY 1, 2005 Fee Will Be \$500.00 Make Check Payable to Florida Department of State 10. OFFICIERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 INITIAL MAY 1, 2005 Fee Will Be \$500.00 Make Check Payable to Florida Department of State 10. OFFICIERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 INITIAL MAY 1. WACKSMAN, BENJAMIN STRETT ADDRESS CITY ST. JP Delete INITIAL MAY 1. OFFICIERS AND DIRECTORS IN 11 Change Add to Fee AND CHANGES CITY ST. JP OFFICIERS AND DIRECTORS IN 11 Change Add to Fee Change Add	City & Stat	te	City & State			4. FEI Numb	⁵⁹⁻³⁰⁷⁹⁷⁴²			plied For t Applicable
Name Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 8. The above manded entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am farmilliar with, and acceptable for degistered agent, or registered agent, or both, in the State of Florida. I am farmilliar with, and acceptable for former in manded entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am farmilliar with, and acceptable for registered agent, or both, in the State of Florida. I am farmilliar with, and acceptable for former in manded entity submits this statement for the purpose of changing its registered difference registered agent, or both, in the State of Florida. I am farmilliar with, and acceptable for former in the obligations of registered agent, or both, in the State of Florida. I am farmilliar with, and acceptable for former in the obligations of registered agent, or both, in the State of Florida. I am farmilliar with, and acceptable for former in the obligations of registered agent, or both, in the State of Florida. I am farmilliar with, and acceptable for former in the obligations of registered agent, or both, in the State of Florida. I am farmilliar with, and acceptable for former in the obligations of registered agent, or both, in the State of Florida. I am farmilliar with, and acceptable for former in the obligations of registered agent, or both, in the State of Florida. I am farmilliar with, and acceptable for former in the obligations of registered agent. Stored Address (P.O. Box Number is Not Acceptable) Stored Address (P.O. Box Num	Zıp	Country	Zip	Country				Fee	Required	
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11.0 EAST ST STE B TAMPA FL 33602 City City FL Zip Code 8. The above named only submits dist statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and acc the obligations of registered agent. SIGNATURE Signature, howe or fined name of imposes agent are title 4 septimable PLE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State NAME O	414/	CKSMAN BENJAMIN T					<u> </u>			<u> </u>
TAMPA FL 33602 City 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 accidented programs of registered agent. SIGNATURE Signature, by-end or printed name of registered agent, and tief of approximate (NOTE Registered Agent signature) DATE	110	EAST ST			Street Address (P.O. Box Number is Not Acceptable)					
R. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Plorida. I am familiar with, and according to registered agent, or both, in the State of Plorida. I am familiar with, and according to registered agent. SIGNATURE)						
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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 direct	12. I hereby	certify that the information supplied wi	ith this filing does not qualify fo	or the exempti	ion stated in Se	ection 119.07(3)(i), Florida Statutes.	further certify	that the ir	nformation

FILED

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