2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 19, 2005 08:00 AM Secretary of State

| ANNUAL REPORT | | | | | 100 17, 2003 00.00 | | | |
|--|---|---|--|-------------------------------------|------------------------|---------------------|--|--|
| DOCU 1. Entity Nan 800 ADE | | | | | Se | ecretary | y of Stat | |
| Principal Place of Business 238 N. WESTMONTE DR SUITE 100 ALTAMONTE SPRINGS, FL 32714 US | | Mailing Address 238 N. WESTMONTE DR SUITE 100 ALTAMONTE SPRINGS, FL 327 | | | | | | |
| DO NOT WRITE IN THIS SPA | | | CF | 01132005 | No Chg-P | CR2E034 (10 | 0/03) | |
| | | | | 4. FEI Number 59-312 5. Certificate | | | Applied For Not Applicable 5 Additional equired | |
| | 6. Name and Address of Current Re | gistered Agent | | | | | | |
| STE 100 | IUAN F. STMONT E DR ITE SPRINGS, FL 32714 | | | | NOT W | | | |
| 8. The above the obligat | named entity submits this statement for the ions of registered agent. | | and the state of t | | h, in the State of Fig | | with, and accept | |
| FiL After Ma | Signature, typed or printed name of registered agent and E NOWILL FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00 | Election Campaign Finar Trust Fund Contribution. | | 00 May Be | <u> </u> | DATE | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | OFFICERS AND DI DP SIERRA, JUAN F. 1996 ALAQUA DR. LONGWOOD, FL DS | AECTORS | | | U00800 02/21/05- | 236028 80001-019 | 150 00 | |
| NAME STREET ADDRESS CITY-SY-ZIP TITLE NAME | SIERRA, EUGENIE C. 1996 ALAQUA DR. LONGWOOD, FL | - · · · · · · · · · · · · · · · · · · · | | | | | | |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | NOT W | | | |
| TITLE NAME STREET ADDRESS CITY-SY-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 oain; 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 attaching it with an address, with all other like empowered.

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP