2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 04, 2005 8:00 am Secretary of State

| Principal Place of Business 7045 N ARMENIA AVE TAMPA, FL 33604 US 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Country Sign |
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| 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Country Zip Country Zip Country S. Certificate of Status Desired Fee Required Fee Required Fee Required SICHEL, STEVEN D 14719 CLARENDON DRIVE TAMPA, FL 33624 Street Address (P.O. Box Number is Not Acceptable) City Street Address (P.O. Box Number is Not Acceptable) City Street Address of Rev Registered Agent. SIGNATURE Signature, howed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE |
| TAMPA, FL 33604 US TAMPA, FL 33624 US 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. O4272005 Chg-P CR2E034 (10/03) City & State City & State City & State 4. FEI Number 59-3099148 Zip Country 5. Certificate of Status Desired Fee Required Fee Required Fee Required Fee Required Fee Required SICHEL, STEVEN D 14719 CLARENDON DRIVE TAMPA, FL 33624 City City City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinclating) DATE |
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| 9. Floriton Compoins Financias - AF 00 |
| FILE NOWI!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees |
| 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |
| TITLE DP Delete TITLE Change Addition |
| NAME SICHEL, STEVEN D. NAME STREET ADDRESS 14719 CLARENDON DRIVE STREET ADDRESS |
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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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ⊻

(STELLEN SICHER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

V4-29-05

813 936 1616 Daytime Phone •

Date