2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED ~ Feb 01, 2005 08:00 AM Secretary of State

954-473-2853

Daytime Phone #

	MITITUME	KLFOKI		
1. Entity Nan	MENT # V03519 ALT & ASSOCIATES, P.A.			Secretary of Sta
805 S UNIVI	e of Business ERSITY DRIVE I, FL 33324	Mailing Address 805 S UNIVERSITY DRIVE PLANTATION, FL 33324		C ANDREWS AND INSTRUCTION OF THE CONTROL OF THE CON
DO NOT WRITE IN THIS SPAC			CE	01242005 No Chg-P CR2E034 (10/03) 4. FEI Number
805 S UNI	6. Name and Address of Current Re STEVEN M VERSITY DRIVE ION, FL 33324	gistered Agent		DO NOT WRITE IN THIS SPACE
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 agent. SIGNATURE Signature. hyped or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution.				
TO. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	OFFICERS AND DII DP ANHALT, STEVEN M 805 S UNIVERSITY DRIVE PLANTATION, FL	RECTORS		U00000208649 02/02/05-80004-004 150.00 DO NOT WRITE IN THIS SPACE
12. I hereby certify that the information supplied with this filling 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 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.				

STEVEN M. ANNALT SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

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