2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V09994

FILED Apr 19, 2005 Secretary of State

•	ne: 12TH STF	,			
Current Principal Place of Business:		New Principal Place	New Principal Place of Business:		
2594 12TH SARASOT	STR A, FL 34237	US			
Current Mailing Address:		New Mailing Address	New Mailing Address:		
PO BOX 21 SARASOTA	1602 A, FL 3427641	85 US			
FEI Number:	65-0314130	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name			Name and Address o	e and Address of New Registered Agent:	
	H LANE A, FL 3423141 named entity s	11 US	ourpose of changing its registered	d office or registered agent, or both,	
5544 DINA SARASOT, The above	H LANE A, FL 3423141 named entity s of Florida. RE:	11 US ubmits this statement for the p			
5544 DINA SARASOTA The above in the State	H LANE A, FL 3423141 named entity s of Florida. RE:	11 US		d office or registered agent, or both, Date	
5544 DINA SARASOTA The above in the State SIGNATUR	H LANE A, FL 3423141 named entity s of Florida. RE: Electron	11 US ubmits this statement for the p			
5544 DINA SARASOTA The above in the State SIGNATUR Election Can	H LANE A, FL 3423141 named entity s of Florida. RE: Electron	11 US ubmits this statement for the place of Signature of Registered Age Trust Fund Contribution ().	ent		
5544 DINA SARASOTA The above in the State SIGNATUR Election Can	H LANE A, FL 3423141 named entity s of Florida. RE: Electron npaign Financing 6 AND DIRECT	ubmits this statement for the price Signature of Registered Age Trust Fund Contribution (). FORS: Delete MELINDA R NE	ent	Date	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MELINDA TRITSCHLER **PRES** 04/19/2005