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2000 UNIFORM BUSINESS REPORT (UBR)

1. Entity Nam	MENT # V41069 eleferrals, inc.					Sec		0 8:00 a of State		
Principal Place of Business 319 CLEMATIS STREET SUITE 816 WEST PALM BEACH FL 33401 US		Mailing Address 319 CLEMÁTIS STREET SUITE 816 WEST PALM BEACH FL 33401-4622 US					RKORI (VEIN ORKIO OKIGO (ON	r Bukh Buak Bhen Bukh Bia	na Redde (Mål	
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State		City & State			4. F	El Number	65-0338003	/	oplied For ot Appin	
Zip	Country	Zip	Coun	try 	5. C	ertificate of	Status Desired	\$8.75 Add	ditional d	
	6. Name and Address of Current	Registered Agent		Name	7. N	ame and A	dress of New Regi	stered Agent	-	
319 (HLEY, BARBARA A. CLEMATIS STREET E 816			Street Address (P.O. Box Number is Not Acceptable)						
WES'	T PALM BEACH FL 33401			City		<u>.</u>		FL Zip Cod	- e	
SIGNATURE . 9. This corpo Tax filing re	named entity submits this statement for statement for statement for statement for statement, typed or printed name of registered agent or attion is eligible to satisfy its Intangible aquirement and elects to do so. is on back)	and title if applicable. (NO	TE: Registered	d Agent signature in IS \$150.00 Will be \$550	equired when rea	nstating) 10. Electi	in the State of Florid on Campaign Financ	DATE	May Be	
11.	OFFICERS AND		12.	spartment of		DITIONS/CH	ANGES TO OFFICE	RS AND DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BEIGHLEY, BARBARA A. 319 CLEMATIS STREET, SUITE WEST PALM BEACH FL 33401	□ Delete						☐ Change	Additi	
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13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/2008 Date

DII DD

561 802 3008