2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 21, 2005 8:00 am Secretary of State

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S. Certificate of Status Desired Status Desired Status Desired Status Desired Status Desired Status Desired Agent 7. Name and Address of New Registered Agent Name Name Name Name Name Streat Address (P.O. Box Number is Not Acceptable) Streat Address (P.O. Box Number is N		59-3565413 Not Applicable	
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SARASOTA, FL 34236 8. The above named entity submits this statement for the purpose of changing its 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 the 4 spackation. (NOTE: Registered Agent signature required when reinclating) DATE	766 HUDSON AVENUE	et Address (P.O. Box Number is Not Acceptable)	
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After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PD Change Addition NAME MCINTOSH, BRETT D Change Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE CITY-ST-ZIP TITLE Delete TITLE CITY-ST-ZIP TITLE Delete TITLE CITY-ST-ZIP TITLE CITY-ST-ZIP CITY-ST-ZIP TITLE CITY	Signature, typed or printed name of registered agent and title if applicable.	ignature required when reinstating) DATE	
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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: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9413648002 Daytime Phone #