FILED AM

2004 FOR PROFIT CORPORATION ANNUAL REPORT				May 03, 2004 08:00 Secretary of State		
1. Entity Name	MENT # F020000021	16				cuity of state
Principal Place of Business 2290 BUTLER PIKE PLYMOUTH METTING, PA 19462 Mailing Address 2290 BUTLER PIKE PLYMOUTH METTING, PA 19462 PLYMOUTH METTING, PA 19			62			T
DO NOT WRITE IN THIS SPA			CE	03032004 No Chg-P CR2E034 (10/03) 4. FEI Number		
6. Name and Address of Current Registered Agent RITTER, RON 5002 ROTSCHILD DR. CORAL SPRINGS, FL 33067					NOT WRI HIS SPA	
the obligati	named entity submits this statement for thions of registered agent. Signature typed or primed name of registered agent and to		ed office or registe			I am familiar with, and accept
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	9. Election Campaign Final Trust Fund Contribution.	~ ~~	.00 May Be ded to Fees		
TO. THE NAME STREEL ADDRESS CITY-ST 24P TITLE NAME STREEL ADDRESS	OFFICERS AND DIF CP DANELLA, JAMES D 2290 BUTLER PIKE PLYMOUTH MEETING, PA 19462 DST DALY, DENNIS P 2290 BUTLER PIKE	RECTORS			######################################	. 444 1635 - 846 - 1760 - 176
CHY-ST ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS	PLYMOUTH METTING, PA 19462 DV BONNER, BERNIE J 2290 BUTLER PIKE PLYMOUTH METTING, PA 19462			DO NOT WRITE IN THIS SPACE		
CITY ST ZIP TITLE NAME STREET ADDRESS CITY - S1 - ZIP TITLE			-			

12. Thereby 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 true se empowered to execute his 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 appowers.

SIGNATURE: _

NAME STREET ADDRESS CITY-ST ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR