2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 14, 2005 08:00 AM Secretary of State

ANNOAL KLI OKI			1 14, 2005 00.00 A		
JMENT # F9800000618 	84			Secret	ary of State
ace of Business DRD PLACE , TN 37917	Mailing Address PO BOX 3698 KNOXVILLE, TN 37927		1 (201140))) 6 (8)		IIB RIIBI IIRBI (BYII KYBINDI II CUBI
OO NOT WRITE I	N THIS SPA	CE			2E034 (10/03)
		<u></u>			Applied For Not Applicable \$8.75 Additional Fee Required
PORATION SYSTEM UTH PINE ISLAND ROAD FION, FL 33324	<u></u>	ed office or registed	IN TH	IIS SPAC	E
	Ilo if applicable (NOTE Registero	ed Agant signature require 1	when reinstating)	DA'	TE .
LE NOW!!! FEE IS \$150.00 May 1, 2005 Fee will be \$550.00	Election Campaign Final Trust Fund Contribution.				
OFFICERS AND DIR D HAND, KIMBERLY V 208 RADFORD PLACE KNOXVILLE, TN 37917 T HAND, KIMBERLY V 208 RADFORD PLACE KNOXVILLE, TN 37917	ECTORS			U00000261; 33/14/05-800;	- - - - - - - - - - - - - - - - - - -
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	ACING, INC. The PLACE of Business of PLACE of Business of PLACE of PLACE of The Acing of PLACE of Business of Current Registered and Address of Current Registered and The Inc. Inc. Inc. Inc. Inc. Inc. Inc. Inc.	ACING, INC. Ice of Business IRD PLACE PO BOX 3698 KNOXVILLE, TN 37927 PO NOT WRITE IN THIS SPA 6. Name and Address of Current Registered Agent PORATION SYSTEM JTH PINE ISLAND ROAD TION, FL 33324 9. Election Campaign Fina Trust Fund Contribution. Porticers and Directors D HAND, KIMBERLY V 208 RADFORD PLACE KNOXVILLE, TN 37917 T HAND, KIMBERLY V 208 RADFORD PLACE KNOXVILLE, TN 37917 T HAND, KIMBERLY V 208 RADFORD PLACE	Mailing Address PD PLACE PO BOX 3698 KNOXVILLE, TN 37927 PO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent PORATION SYSTEM JITH PINE ISLAND ROAD TION, FL 33324 a named antity submits this statement for the purpose of changing its registered office or registerations of registered agent. Signature, typed or printed name of registered agent and title if applicable LE NOW!!! FEE IS \$150.00 Inay 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS D HAND, KIMBERLY V 208 RADFORD PLACE KNOXVILLE, TN 37917 T HAND, KIMBERLY V 208 RADFORD PLACE KNOXVILLE, TN 37917 T HAND, KIMBERLY V 208 RADFORD PLACE	Mailing Address PO BOX 3698 RNOXVILLE, TN 37927 DO NOT WRITE IN THIS SPACE O2282005 4. FEI Number 62-174321 5. Certificate of S 6. Name and Address of Current Registered Agent PORATION SYSTEM JITH PINE ISLAND ROAD TION, FL 33324 DO N IN TH Sgrabus, typed or phrase name of registered agent and file it applicable FORD SYSTEM (NOTE Registered Agent agent) Sgrabus, typed or phrase name of registered agent and file it applicable PORATION SYSTEM (NOTE Registered agent and file it applicable) Sgrabus, typed or phrase name of registered agent and file it applicable Trust Fund Contribution. D HAND, KIMBERLY V 208 RADFORD PLACE KNOXVILLE, TN 37917 THAND, KIMBERLY V 208 RADFORD PLACE KNOXVILLE, TN 37917 DO N DO N	Mailing Address PO BOX 3698 RN D PLACE PO BOX 3698 RN NOXVILLE, TN 37927 DO NOT WRITE IN THIS SPACE 8. Name and Address of Current Registered Agent PORATION SYSTEM JITH PINE ISLAND ROAD TION, FL 33324 DO NOT WRITE IN THIS SPACE 8. Name and Address of Current Registered Agent PORATION SYSTEM JITH PINE ISLAND ROAD TION, FL 33324 DO NOT WRITE IN THIS SPACE BIOTE Registered office or registered agent, or both, in the State of Florida. It tions of registered agent. Sognature, haped or phress name of registered agent and the R applicable RICHT Registered Agent signature required. Jump remaining DA LE NOW!!! FEE IS \$150.00 P. Election Campelign Financing Trust Fund Contribution. DA LE NOW!!! FEE IS \$150.00 P. Election Campelign Financing Trust Fund Contribution. DA DA DA DA DA DA DA DA DA D

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP

Huntauly W. Lighthander BIGNATUJE AND TYPENDER PRINTED NAMEO SIGNING OFFICER OR DIRECTOR

tetyrany 29, 2005

865-637-2324 Daytime Phone # ext 12-