2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 29, 2005 08:00 AM Secretary of State

1. Entity Nam	MENT # P030001361	96		Secretary of State
Principal Plac 6804 TRADE LANTANA, FL	WIND WAY	Mailing Address 6804 TRADEWIND WAY LANTANA, FL 33462	;	
D	OO NOT WRITE 6. Name and Address of Current Re		CE	01132005 No Chg-P CR2E034 (10/03) 4. FEI Number
				DO NOT WRITE IN THIS SPACE
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature: Weed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when remainland). DATE				
FILE NOWI!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 First Fund Contribution. (NOTE. Registered Agent signature required. Adent signature required required. Adent signature required required. Adent signature required				
10. TITLE NAME STREET ADDRESS GITY-ST ZIP TITLE NAME STREET ADDRESS	OFFICERS AND DI D SAARI, MAURI 6804 TRADEWIND WAY LANTANA, FL 33462	RECTORS		U00000342220 04/29/05-80048-003 150.00
CITY-ST ZIP HITLE NAME STREET AUDHESS CITY ST ZIP HITLE NAME STREET AUDHESS		<u>.</u>		DO NOT WRITE IN THIS SPACE
CITY ST ZIP INTLE NAME STREET ADDRESS CITY-ST-ZIP ITTLE NAME		April 1997		
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 for 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, after an oddress, with all other like empowered.				
SIGNATURE: 4/24-2005 (5W) 588-8720 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Days Days Prove V				