2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004
Secretary of State

DOCUMENT# N00000006292

Entity Name: MANAGEMENT ASSISTANCE PROGRAM, INC.

Current Principal Place of Business:

1111 N. WESTSHORE BLVD.
SUITE 215
TAMPA, FL 336074711

New Principal Place of Business:

Current Mailing Address:

1111 N. WESTSHORE BLVD.
SUITE 215
TAMPA, FL 336074711

New Mailing Address:

FEI Number: 59-3671047 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LARSEN, ANN
MANAGEMENT ASSISTANCE PROGRAM, INC.
1111 N. WESTSHORE BLVD., SUITE 215
TAMPA, FL 336074711

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: DEEN, JILL
Address: 8725 HENDERSON ROAD
City-St-Zip: TAMPA, FL 33634

Title: TD ( ) Delete
Name: CLARK, JOSEPH W
Address: 100 N. STARCREST DRIVE, SUITE 202
City-St-Zip: CLEARWATER, FL 33765

Title: D ( ) Delete
Name: CROWDER, SHEFFIELD
Address: 2910 W. BAY TO BAY BLVD., SUITE 200
City-St-Zip: TAMPA, FL 33629

Title: D ( ) Delete
Name: FURNARI, ALEXANDRA
Address: 1205 E. 8TH AVENUE
City-St-Zip: TAMPA, FL 33605

Title: PD ( ) Delete
Name: KAPLAN, H. ROY DR.
Address: 750-93RD AVENUE NORTH
City-St-Zip: SAINT PETERSBURG, FL 33702

Title: SD ( ) Delete
Name: NIXON, ROBERT I DR
Address: 14158 FENNSBURY DRIVE
City-St-Zip: TAMPA, FL 33624

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: OPFER, ROY
Address: 3020 W. LAUREL STREET
City-St-Zip: TAMPA, FL 33607

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: H. ROY KAPLAN PRES 04/27/2004

Electronic Signature of Signing Officer or Director — Date

CYNTHIA FOX
P.O. BOX 5164
LARGO, FL 33779

CHELLIE LISENBY

CYNTHIA FOX
P.O. BOX 5164
LARGO, FL 33779