

2005 FOR PROFIT CORPORATION ANNUAL REPORT


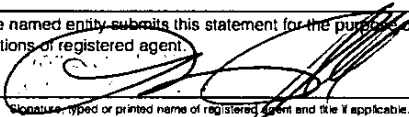

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Apr 01, 2005 8:00 am
Secretary of State

04-01-2005 90013 019 ***150.00

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03292005 Chg-P CR2E034 (10/03)

DOCUMENT # P04000024673 1. Entity Name Laurie Rusk Sewell, P.A.			
Principal Place of Business 1885 S.W. ST. ANDREWS DRIVE PALM CITY, FL 34990		Mailing Address 1885 S.W. ST. ANDREWS DRIVE PALM CITY, FL 34990	
2. Principal Place of Business 3571 Sw Corporate Pkwy		3. Mailing Address Suite, Apt. #, etc.	
City & State Palm City FL		City & State	
Zip 34990		Country USA	
4. FEI Number 20-0712835		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SEWELL, LAURIE RUSK 1885 S.W. ST. ANDREWS DRIVE PALM CITY, FL 34990		7. Name and Address of New Registered Agent Name Sewell Laurie Rusk Street Address (P.O. Box Number is Not Acceptable) 3571 Sw Corporate Parkway City Palm City FL Zip Code 34990	
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  DATE 3/29/05 <small>(Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P,S SEWELL, LAURIE R 1885 S.W. ST. ANDREWS DRIVE PALM CITY, FL 34990	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR LAURIE RUSK SEWELL	
		Date 3/29/05 Daytime Phone # 772-223-0106	