

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P98000029657 1. Entity Name MOLHEM & FRALEY, P.A.	
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Principal Place of Business 320 W. KENNEDY BLVD. STE 330 TAMPA, FL 33606	Mailing Address 320 W. KENNEDY BLVD. STE 330 TAMPA, FL 33606
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent MOLHEM, DAVID W 320 W. KENNEDY BLVD. STE 330 TAMPA, FL 33606	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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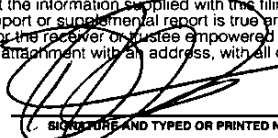
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07/14/05--01070--003 **563.75

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOLHEM, DAVID W 320 W. KENNEDY BLVD., STE 330 TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRALEY, DOUGLAS M 320 W. KENNEDY BLVD., STE 330 TAMPA, FL 33606
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

07/13

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:  DATE: 6-29-05 DAYTIME PHONE #: (813) 251-6868

FILED
05 JUL -6 PM 2: 32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



06292005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3508178	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required