2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

changed, or on an attachment

Mar 07, 2005 08:00 AM Secretary of State DOCUMENT # P99000108901 1. Entity Name DENNIS NOTO & ASSOCIATES, INC. Principal Place of Business Mailing Address 1423 SOUTH HOWARD AVE. 1423 SOUTH HOWARD AVE. TAMPA, FL 33606 TAMPA, FL 33606 03032005 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3616419 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE NOTO, DENNIS J 2639 N DUNDEE STREET TAMPA, FL 33629 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 Signature, typed or printed name of registered agent and little if applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees 10. TITLE NAME NOTO, DENNIS J 2639 N DUNDEE STREET STREET ADDRESS U00000252737 03/07/05-80007-004 150.00 CITY-ST-ZIP TAMPA, FL 33629 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this report or suppliemental 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 paragraph appears in Block 10 or Block 11 if

* " FILED