


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90306 003 ***150.00

DOCUMENT # V28118	
1. Entity Name BARANOWSKI & ASSOCIATES, INC.	

Principal Place of Business 481 PINE MEADOW DR. NORTH DEBARY, FL 32713	Mailing Address 481 PINE MEADOW DR. NORTH DEBARY, FL 32713
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20038898



2. Principal Place of Business 6093 CROSSBOW LANE Suite, Apt. #, etc.	3. Mailing Address 6093 CROSSBOW LANE Suite, Apt. #, etc.
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04172005 Chg-P CR2E034 (10/03)

City & State PORT ORANGE FLORIDA	City & State PORT ORANGE FLORIDA
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4. FEI Number 59-3121878	Applied For <input type="checkbox"/> Not Applicable
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Zip 32128-6996	Co USA	Zip 32128-6996	Country USA
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BARANOWSKI, THEODORE 481 PINE MEADOW DR. NORTH DEBARY, FL 32713		7. Name and Address of New Registered Agent Name BARANOWSKI, THEODORE Street Address (P.O. Box Number is Not Acceptable) 6093 CROSSBOW LANE City PORT ORANGE FL 32128	
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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 **THEODORE BARANOWSKI DVT** *Theodor Baranowski* **04/17/05**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE DVT	<input type="checkbox"/> Delete	TITLE DVT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BARANOWSKI, THEODORE M		NAME BARANOWSKI, THEODRE M.	
STREET ADDRESS 481 PINE MEADOW DR. NORTH		STREET ADDRESS 6093 CROSSBOW LANE	
CITY-ST-ZIP DEBARY, FL 32713		CITY-ST-ZIP PORT ORANGE, FL 32128-6996	
TITLE DPS	<input type="checkbox"/> Delete	TITLE DPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BARANOWSKI, DOROTHY E		NAME BARANOWSKI, DOROTHY E	
STREET ADDRESS 481 PINE MEADOW DR. NORTH		STREET ADDRESS 6093 CROSSBOW LANE	
CITY-ST-ZIP DEBARY, FL 32713		CITY-ST-ZIP PORT ORANGE, FL 32128-6996	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: **THEODORE M. BARANOWSKI** *Theodor M Baranowski* **04/17/05 (386)760-8486**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #