2005 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P04000093050 01-25-2005 90046 029 ***158.75 JOYCE A. PYBUS, P.A. Principal Place of Business Mailing Address 105 BROOKS STREET P. O. BOX 6237 40006293 MIRAMAR BEACH, FL 32550 US FORT WALTON BEACH, FL 32548 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01172005 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 20-11 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PYBUS, JOYCE A Street Address (P.O. Box Number is Not Acceptable) 105 BROOKS STREET FORT WALTON BEACH, FL 32548 City Zip Code 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 title 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. Added to Fees After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. P/D Delete TITLE TITLE ☐ Change Addition PYBUS, JOYCE A NAME STREET ADDRESS 105 BROOKS STREET #6 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP FORT WALTON BEACH, FL 32548 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change — ☐ Addition TIT1 E Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Addition TITLE Delete NAME NAME STREET ADDRESS है। या प्राप्त करा करा करा का उन्हें कुछ क समितानों असीत के से नाम कुछ STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

FILED

Jan 25, 2005 8:00 am

12. I hereby certify that the information supplied with this filling 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:

Joyce a. Pylus