2005 FOR PROFIT CORPORATION

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ANNUAL REPORT			Apr 19, 2005 08:00 A			
MENT # P9400006760 TERPRISES, INC.	08			Se	cretary of	State
NNG BLVD.	P.O BOX 30115					
		CE	03102005 4. FEI Number 59-327	No Chg-P er 0490	CH2E034 (10/03)) Applied For Not Applicable Iditional
OBERT L ORMICK DRIVE TER, FL 34619		ed office or registe	IN	THIS SF	PACE	n, and accept
Signature, typed or printed name of registered agent and the ENOWIII FEE IS \$150.00 by 1, 2005 Fee will be \$550.00	9. Election Campaign Fina	· · · · · · · · · · · · · · · · · · ·	<u> </u>	U000 04/19/0	00316032 5-80058-018	150.00
OFFICERS AND DIR DP MULLANE, MATTHEW 11045 KNOTTINGBY JACKSONVILLE, FL 32257 DV SMITH, CHRISTOPHER 5711 WESTSHORE DR. NEW PORT RICHEY, FL 34652 DST GERMAIN, GERALD 1703 PELICAN PLACE MIDDLEBURG, FL 32068	ECTORS			NOT W	RITE	
	MENT # P940006760 TERPRISES, INC. TO Business MING BLVD. K, FL 32073 O NOT WRITE I 6. Name and Address of Current Reg DBERT L ORMICK DRIVE TER, FL 34619 named entity submits this statement for the ons of registered agent. Signature, typed or printed name of registered agent and till E NOWIII FEE IS \$150.00 by 1, 2005 Fee will be \$550.00 OFFICERS AND DIR DP MULLANE, MATTHEW 11045 KNOTTINGBY JACKSONVILLE, FL 32257 DV SMITH, CHRISTOPHER 5711 WESTSHORE DR. NEW PORT RICHEY, FL 34652 DST GERMAIN, GERALD 1703 PELICAN PLACE	MENT # P94000067608 TERPRISES, INC. Mailing Address Milk BLVD. P. D BOX 30115 DOCTORS INLET, FL 32080 O NOT WRITE IN THIS SPA 6. Name and Address of Current Registered Agent DBERT L DRMICK DRIVE TER, FL 34619 mamed entity submits this statement for the purpose of changing its register one of registered agent. Signature, typed or printed name of registered agent and title if applicable. E NOWILL FE IS \$150.00 BY 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS DP MULLANE, MATTHEW 11045 KNOTTINGBY JACKSONVILLE, FL 32257 DV SMITH, CHRISTOPHER 5711 WESTSHORE DR, NEW PORT RICHEY, FL 34652 DST GERMAIN, GERALD 1703 PELICAN PLACE	MENT # P94000067608 TERPRISES, INC. Mailing Address MIGBLYD. K, FL 32073 Mailing Address P.O. BOX 30115 DOCTORS INLET, FL 32080 O NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent DEBERT L DORMICK DRIVE TER, FL 34619 Instruction of registered agent. Signature, typed or printed name of registered agent and title if spylicible. E NOW!!! FEE IS \$150.00 BY 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS DP MULLANE, MATTHEW 11045 KNOTTINGBY JACKSONVILLE, FL 32257 DV SMITH, CHRISTOPHER 5711 WESTSHORE DR, NEW PORT RICHEY, FL 34652 DST GERMAIN, GERALD 1703 PELICAN PLACE	MENT # P94000067608 TERPRISES, INC. In of Business Milling Address MIRG BLVD. P.O BOX 30115 DOCTORS INLET, FL 32080 O NOT WRITE IN THIS SPACE ON ON WRITE IN THIS SPACE 6. Name and Address of Gurrent Registered Agent DOBERT L DORMICK DRIVE TER, FL 34619 IN Terms and Address of Gurrent Registered Agent DOMICK DRIVE TER, FL 34619 IN Terms and Address of Registered agent and dis it applicable. In the purpose of changing its registered office or registered agent, or both or registered agent. Signature, hyped or privad name of registered agent and dis it applicable. IN The Registered Agent stipulative reculted when reintaking? P. Election Campelign Financing Trust Fund Contribution. DP MULLANE, MATTHEW 11045 KNOTTINGBY JACKSONVILLE, FL 32257 DV SMITH, CHRISTOPHER STYLL SAGES DET GERMAIN, GERALD 1703 PELICAN PLACE MIDDLEBURG, FL 32068	MENT # P94000067608 TERPRISES, INC. Ind Business Mailing Address IMM BLVD. P. D. B. B. D. S. 20115 DOCTORS INLET, R. 32080 O NOT WRITE IN THIS SPACE O3102005 No Chg.P 4. FEI Number 59-3270490 5. Cartificate of Status Desired DEERT L DORMICK DRIVE TER, FL 34619 DOPMICK DRIVE TER, FL 34619 PRIME BUSINESS AND DIRECTORS DP MULLIANE, MATTHEW 1045 KNOTTINGEY JACKSONVILLE, FL 32257 DV SMITH, CHRISTOPHER 5711 WESTSHORE DR. NEW PORT RICHEY, FL 34652 DST GERMAIN, GERALD 1703 FELICAN PLACE MIDDLEBURG, FL 32088 Mailing Address Mailing Mailing Address Mailing Mailing Address Mailing Mailing Address Mailing Mailing Mail	Secretary of PRINTERS, INC. Ind Business Mailing Address P.D BOX 30115 P.D BOX 30115 DOCTORS INLET, FL 32080 O NOT WRITE IN THIS SPACE O NOT WRITE IN THIS SPACE A FEI Number S9-3270490 S. Cartificate of Status Desired Secretary Secr

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dayline Phone 4

STREET ADDRESS CITY-ST-ZIP