2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000131542

GAINESVILLE, FL 32607

City-St-Zip:

FILED Jul 03, 2005 Secretary of State

Entity Nar	ne: MICHELE	ELYNN AND ASSOCIATES, IN	IC.			
Current P	rincipal Place	of Business:	New Prince	New Principal Place of Business:		
502 NW 75 GAINESVII	STH ST LLE, FL 32601	7				
Current Mailing Address:			New Maili	New Mailing Address:		
502 NW 75 GAINESVII	STH ST LLE, FL 32601	7				
FEI Number: 14-1861711 FEI Number Applied For () FEI			FEI Number Not App	licable () Certificate of Status Desired (X)		
Name and	Address of C	urrent Registered Agent:	Name and	Address of New Registered Agent:		
3150 SANI CLEARWA	RATE USA, IN DY RIDGE DR ATER, FL 337 named entity:	31 US	ourpose of changing i	ts registered office or registered agent, or both	h,	
in the State	of Florida.	·				
	Electror	nic Signature of Registered Ago 3(2)(b), F.S., the corporation did no g Trust Fund Contribution ().		Date e.	_	
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P (BROWN, LYNN 4303 SW 69TH GAINESVILLE,	TERRACE	Title: Name: Address: City-St-Zip:	P (X) Change () Addition BROWN, LYNN C 7324 SW 18TH PLACE GAINESVILLE, FL 32607		
Title: Name: Address:	VP () REESE, MICHE 524 NW 102NE		Title: Name: Address:	() Change () Addition		

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LYNN C. BROWN Ρ 07/03/2005