


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 13, 2005 8:00 am
Secretary of State

05-13-2005 90230 047 ***150.00

DOCUMENT # 468104	
1. Entity Name CLYDE GAYLE & ASSOCIATES, INC.	

Clyde Gayle & Assoc 1091 SW Bromelia Ter. Stuart, FL 34997	Mailing Address Clyde Gayle & Assoc 1091 SW Bromelia Ter. Stuart, FL 34997
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50052554

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

05042005 Chg-P CR2E034 (10/03)

4. FEI Number 59-1594415	Applied For <input type="checkbox"/> Not Applicable
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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 BROBERG, PETER 223 PERUVIAN AVENUE PALM BEACH, FL 33480	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP VD GAYLE, DENNIS M 14598 INDIGO LAKES CIRCLE NAPLES, FL 34119	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP PT GAYLE, CLYDE G 1091 SW BROMELIA TERR STUART, FL 34997	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP DS GAYLE, ELIZABETH 1091 SW BROMELIA TERR STUART, FL 34997	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP D GAYLE, CLYDE G 1091 SW BROMELIA TERR STUART, FL 34997	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP (Empty)	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP (Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP (Empty)	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP (Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <u>Clyde Gayle</u> CLYDE GAYLE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	5/9/2005 Date	772-781-2660 Daytime Phone #
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