
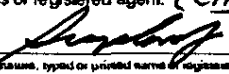
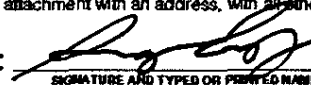


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90204 016 ***150.00

DOCUMENT # 567044			
1. Entity Name GUIDANCE DEVELOPMENT, INC.			
Principal Place of Business 132 SAINT LUCIE LANE 2091 NW Chenille Lane STUART, FL 34994 Stuart, FL 34994-8800		Mailing Address 132 SAINT LUCIE LANE 2091 NW Chenille Lane STUART, FL 34994 Stuart, FL 34994-8800	
2. Principal Place of Business (ADDRESS CHANGE)		3. Mailing Address (ADDRESS CHANGE)	
2091 NW Chenille Lane Stuart, FL 34994-8800		2091 NW Chenille Lane Stuart, FL 34994-8800	
Zip	Country	Zip	Country
4. FEI Number 59-1808252		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ENOT JR, GEORGE P. 132 SAINT LUCIE LANE 2091 NW Chenille Lane STUART, FL 34994 Stuart, FL 34994-8800		Name Street Address (P.O. Box Number is Not Acceptable) (ADDRESS CHANGE) 2091 NW Chenille Lane Stuart, FL 34994-8800 FL 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. (CHANGE OF ADDRESS ONLY)			
SIGNATURE  GEORGE ENOT JR. / PRES-TREAS		DATE 4-11-03	
<p><small>FILE NOW!! FEE IS \$500.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State</small></p>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD ENOT JR, GEORGE P. 132 ST. LUCIE LANE 2091 NW Chenille Lane STUART, FL Stuart, FL 34994-8800 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD ENOT, MARLENE A. 132 ST. LUCIE LANE 2091 NW Chenille Lane STUART, FL Stuart, FL 34994-8800 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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:  GEORGE ENOT JR. / PRES-TREAS		DATE: 4-11-03 (772) 692-8990	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	

CR2E034 (10/02)