FILED Apr 27, 2005 8:00 am Secretary of State 04-27-2005 90341 014 ****61.25

2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

1. Entity Name	MENT # 712389 A LEGAL SERVICES, INC.							
Principal Place of Business RIVERBROOK PROFESSIONAL CTR 2ND FL 829 W. MARTIN LUTHER KING JR. BLVD. TAMPA, FL 33603-3331 Mailing Address RIVERBROOK PROFESSIONAL CTR 2ND FL 829 W. MARTIN LUTHER TAMPA, FL 33603-333			KING JR. BLVD.				IX 4 150 8170 416 0 116 0	
2. Principal Place of Business		3. Mailing Address				111 11 15 15 15 16 17 17 17 17 17 17 17		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04012005 Chg-NP CR2E037 (10/03)			
City & State		City & State			4. FEI Number 59-1171886	3	<u> </u>	olied For Applicable
Zip	Country	Zip	Country		5. Certificate of Sta	tus Desired	\$8.75 Addi Fee Required	
	6. Name and Address of Current Re	egistered Agent			7. Name and Addr	ess of New Registe	red Agent	
,			Name	Name				
WOLTMANN, RICHARD C. 829 W. MARTIN LUTHER KING JR. BLVD. 2ND FLOOR		Street Address		dress (P.	(P.O. Box Number is Not Acceptable)			
	_ 33603-3331							
TAMPA, LE 33903-3301			City	City FL Zip Code				
8. The above the obligation	named entity submits this statement for toons of registered agent.	he purpose of changing its r	registered office or r	registere	d agent, or both, in t	he State of Florida.	I am familiar with,	and accept
SIGNATURE .								
	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE:	: Registered Agent signature	re required w	when reinstating)		ATE	
Filing Fee is \$61.25 9. Election Campaign 9 Due by May 1, 2005 Trust Fund Contribu								
					\$5.00 May Be Added to Fees		heck payable to epartment of St	
10	Due by May 1, 2005	Trust Fund C	ontribution.		Added to Fees	Florida D	epartment of St	ate
10.		Trust Fund C		Al		Florida D	epartment of St	ate
TITLE NAME	OFFICERS AND DIRE P MATHEWS, MARGARET	Trust Fund C	11. ITLE NAME	P AI	Added to Fees	Florida D	D DIRECTORS IN	10
TITLE NAME STREET ADDRESS	OFFICERS AND DIRE P MATHEWS, MARGARET P.O. BOX 3273	Trust Fund C	ontribution.	P Gra PO	Added to Fees DDITIONS/CHANGE Imling, G Box 1991	Florida D	D DIRECTORS IN	10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRE P MATHEWS, MARGARET	Trust Fund C	Ontribution. 11. TITLE NAME STREET ADDRESS	P Gra PO	Added to Fees DDITIONS/CHANGE Imling, G Box 1991	Florida D	D DIRECTORS IN	10
TITLE NAME STREET ADDRESS	P MATHEWS, MARGARET P.O. BOX 3273 TAMPA, FL 336013273 PE CLENDINEN, CRAIG	Trust Fund C	Ontribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	P Gra PO PE Wal	Edward Fees DDITIONS/CHANGE MILING, G. Box 1991 Mpa, Fl.	Florida D S TO OFFICERS AN eorge F 33601	epartment of St D DIRECTORS IN Change	ate 10 ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	P MATHEWS, MARGARET P.O. BOX 3273 TAMPA, FL 336013273 PE CLENDINEN, CRAIG 625 E TWIGGS ST., #100	Trust Fund C	Ontribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	P Gra PO PE Wal PO	mling, G Box 1991 pa, F1. ler, Edw box 1438	Florida D S TO OFFICERS AN eorge F 33601 ard	epartment of St D DIRECTORS IN Change	ate 10 ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Due by May 1, 2005 OFFICERS AND DIRE P MATHEWS, MARGARET P.O. BOX 3273 TAMPA, FL 336013273 PE CLENDINEN, CRAIG 625 E TWIGGS ST., #100 TAMPA, FL 33602	Trust Fund C	Ontribution. 11. IIILE NAME STREET ADDRESS CITY-ST-ZIP IIILE NAME STREET ADDRESS CITY-ST-ZIP	P Gra PO Tam Wal PO Tam	Edward Fees DDITIONS/CHANGE MILING, G. Box 1991 Mpa, Fl.	Florida D S TO OFFICERS AN eorge F 33601 ard	epartment of St D DIRECTORS IN Change I I I Change	ate 10 ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	P MATHEWS, MARGARET P.O. BOX 3273 TAMPA, FL 336013273 PE CLENDINEN, CRAIG 625 E TWIGGS ST., #100	Trust Fund C	Ontribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	P Gra PO Wal PO Tam RO	mling, G Eox 1991 pa, Fl. ler, Edw box 1438 pa, Fl.	Florida D ES TO OFFICERS AN eorge F 33601 ard 33601 thleen S	epartment of St D DIRECTORS IN Change I I I Change	ate 10 ☑ Addition ☑ Addition
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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 617, 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 AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR 132 -1222 - ext.13) 4(11/05 SIGNATURE: Daytime Phone #