2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Principal Place of Business C/O PROFESSIONALLY YOURS INC C/O PROFESSIONALLY YOURS INC CAPE CORAL, FL 33904 US CAPE CORAL, FL 33910 US 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Country C			
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City & State Country Country Country Socretificate of Status Desired Secretificate of Status Desired Secretificate of Status Desired Secretificate of Status Desired Fee Required To Name and Address of New Registered Agent Name CAMPBELL, PHILIP PROFESSIONALLY YOURS INC 1342 SE 46TH LANE #3 CAPE COPAL, FL 33904 Street Address City Ft. Myers, FL 33919 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 act the obligations of registered agent. Signature			
Signature Sign	Eor 1		
5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CAMPBELL, PHILIP PROFESSIONALLY YOURS INC 1342 SE 46TH ANE #3 CAPE CORAL, FL 33904 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 act the obligations of registered agent. SIGNATURE Signature, page or printframe of registrate agent and falls it apparatus. (NOTE: Registered Agent signature required when reinstating) DATE Fee Required 7. Name and Address of New Registered Agent Professionally Yours, Inc. 8270 College Pkwy. #103 Ft. Myers, FL 33919 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent. George 73 - TeA3 - C. 3-1-05 Pate Fee Required Name 100			
CAMPBELL, PHILIP PROFESSIONALLY YOURS INC 1342 SE 46TH LANE #3 CAPE COPAL, FL 33904 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 act the obligations of registered agent. SIGNATURE SIGNATURE Filling Fee Is \$61.25 Due by May 1, 2005 9. Election Campaign Financing Trust Fund Contribution. Capage Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ITILE PD NAME SPRINGER, JOY)		
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TITLE NAME NAME STREET ADDRESS CITY-S1-ZIP 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 informating 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 dire	Addition		

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it 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: 4

Daytime Phone #