



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2005 8:00 am
Secretary of State

03-29-2005 90012 037 ***150.00

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| | | | |
|---|---|---|--|
| DOCUMENT # 841767 1. Entity Name THE FELDSPAR CORPORATION | |  | |
| Principal Place of Business 1040 CROWN POINTE PKWY STE 270 ATLANTA, GA 30338 US | | Mailing Address 1040 CROWN POINTE PKWY STE 270 ATLANTA, GA 30338 US | |
| 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country | | 3. Mailing Address 1040 Crown Pointe Pkwy Suite, Apt. #, etc. Ste 270 Attn: MARY GING City & State Atlanta, GA Zip Country 30338 USA | |
| | |  | |
| | | 03042005 Chg-P CR2E034 (10/03) | |
| 4. FEI Number 56-0616733 | | 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 CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City 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. | | | |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | 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 | C ABRAM, LINO 1040 CROWN POINTE PKWY STE 270 ATLANTA, GA 30338 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVP BUSTAMANTE, IGNACIO 1040 CROWN POINTE PKWY STE 270 ATLANTA, GA 30338 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P CARR, PATRICK 1040 CROWN POINTE PKWY SUITE 270 ATLANTA, GA 30338 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VAS DENTZER, JOHN L 1040 CROWN POINTE PKWY, STE 270 ATLANTA, GA | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T GING, MARK K 1040 CROWN POINTE PKWY STE 270 ATLANTA, GA 30338 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPO SADOWSKI, VINCENT E 1040 CROWN POINTE PKWY STE 270 ATLANTA, GA 30338 | 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: Mary K GING MARY K GING | | Date 3/7/05 Daytime Phone 770 352-2411 | |