

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 10, 2005 8:00 am**  
**Secretary of State**

03-10-2005 90129 004 \*\*\*150.00

<b>DOCUMENT # F00000000731</b>					
<b>1. Entity Name</b> NITROUS OXIDE CORP.					
<b>Principal Place of Business</b> 9101 BOND ST OVERLAND PARK, KS 66214			<b>Mailing Address</b> 9101 BOND ST OVERLAND PARK, KS 66214		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b> 650 Chemstrand Road			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Cantonment, FL		<b>4. FEI Number</b> 23-2359281	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip		Country		01202005 Chg-P CR2E034 (10/03)	
<b>6. Name and Address of Current Registered Agent</b>  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>					
<b>TITLE</b> P	<b>NAME</b> SCHULTE, TED <input checked="" type="checkbox"/> Delete				
<b>STREET ADDRESS</b> 3700 CRESTWOOD PARKWAY, SUITE 200	<b>CITY-ST-ZIP</b> DULUTH, GA 30096				
<b>TITLE</b> D	<b>NAME</b> MC LAUGHLIN, ROBERT <input checked="" type="checkbox"/> Delete				
<b>STREET ADDRESS</b> 259 NORTH RADNOR-CHESTER ROAD, SUITE 100	<b>CITY-ST-ZIP</b> RADNOR, PA 19087				
<b>TITLE</b> S	<b>NAME</b> CRAUN, TODD R <input checked="" type="checkbox"/> Delete				
<b>STREET ADDRESS</b> 259 NORTH RADNOR-CHESTER ROAD, SUITE 100	<b>CITY-ST-ZIP</b> RADNOR, PA 19087				
<b>TITLE</b> AS	<b>NAME</b> KEEN, GORDON L JR. <input checked="" type="checkbox"/> Delete				
<b>STREET ADDRESS</b> 259 NORTH RADNOR-CHESTER ROAD, SUITE 100	<b>CITY-ST-ZIP</b> RADNOR, PA 19087				
<b>TITLE</b> CFO	<b>NAME</b> TOONEY, CHUCK <input checked="" type="checkbox"/> Delete				
<b>STREET ADDRESS</b> 6340 SUGARLEAF PKWY, #300	<b>CITY-ST-ZIP</b> DULUTH, GA 30097				
<b>TITLE</b> VP	<b>NAME</b> TUPMAN, MARTIN <input checked="" type="checkbox"/> Delete				
<b>STREET ADDRESS</b> 9101 BOND ST	<b>CITY-ST-ZIP</b> OVERLAND PARK, KS 66214				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>					
<b>TITLE</b> President	<b>NAME</b> Tupman, Martin <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
<b>STREET ADDRESS</b> 9101 Bond Street	<b>CITY-ST-ZIP</b> Overland Park, KS 66214				
<b>TITLE</b> Vice President	<b>NAME</b> McLaughlin, Robert <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
<b>STREET ADDRESS</b> 259 N. Radnor-Chester RD, STE 100	<b>CITY-ST-ZIP</b> Radnor, PA 19087				
<b>TITLE</b> Secretary	<b>NAME</b> Bertolino, Dean <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
<b>STREET ADDRESS</b> 259 N. Radnor-Chester RD, STE 100	<b>CITY-ST-ZIP</b> Radnor, PA 19087				
<b>TITLE</b> CFO	<b>NAME</b> Toomey, Chuck <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
<b>STREET ADDRESS</b> 6340 Sugarloaf PKWY, Ste 300	<b>CITY-ST-ZIP</b> Duluth, GA 30097				
<b>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.</b>					
<b>SIGNATURE:</b> <u>Martin Tupman</u> <u>2/2/05</u> <u>(913) 495-3611</u>					