## 2004 FOR PROFIT CORPORATION ANNUAL REPORT **DOCUMENT # F01000000778** 1. Entity Name THE COLLABORATIVE INCORPORATED Principal Place of Business Mailing Address 1204 HARVARD ROAD 1204 HARVARD ROAD

**FILED** Feb 27, 2004 08:00 AM. Secretary of State

S. Name and Address of Current Registered Agent  6. Name and Address of Current Registered Agent  PETERSON, RENNO L 1805 MAIN STREET STE 700 SARASOTA, FL 34236  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 accident the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accident or registered agent, or both, in the State of Florida. I am familiar with, and accident or registered agent, or both, in the State of Florida. I am familiar with, and accident or registered agent, or both, in the State of Florida. I am familiar with, and accident or registered agent, or both, in the State of Florida. I am familiar with, and accident or registered agent, or both, in the State of Florida. I am familiar with, and accident or registered agent, or both, in the State of Florida. I am familiar with, and accident or registered agent, or both, in the State of Florida. I am familiar with, and accident or registered agent, or both, in the State of Florida. I am familiar with, and accident agent ag	GROSSE POIN	ITE PARK, MI 48230 GI	ROSSE POINTE PARK, MI 482	30 ਕਵਾਰਗਵਾਲ					
DO NOT WRITE IN THIS SPACE  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 accidente obligations of registered agent and the 1 accidance of registered agent accidented agent and the 1 accidance of registered agent accidented agent accidented agent accidented agent and the 1 accidance of registered agent accidented	DO NOT WRITE IN THIS SPACE				4. FEI Number 38-3559	9831		Applied For Not Applicable \$8.75 Additional	
IN THIS SPACE  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 familier with, and accident the obligations of registered agent.  SIGNATURE  Spritzer, typad or strind runs of registered agent and size it applicated.  FILE NOWILL FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  OFFICERS AND DIRECTORS  TOUR STATE TUCSON, AZ 85718  TUCSON, AZ 85718  TUCSON, AZ 85718  TUCSON, AZ 85719  TUCSON, AZ 85718  TUCSON, AZ 85716  TILE  SARASOTA, FL 34236  TILE  MAKE  SIRET ADDRESS  GITY-ST-2P  TILE  MAKE  SIRET ADDRESS  GITY-ST-2P  TILE  SARASOTA, FL 34236  TILE  MAKE  SIRET ADDRESS  GITY-ST-2P  TILE  MAKE  SIRET ADDRESS  GITY-ST-2P  TILE  SARASOTA, FL 34236  TILE  SARASOTA SARAS		6, Name and Address of Current Regis	tered Agent						
the colligations of registered agent.  SIGNATURE    Signature, typed or printed name of registered agent and site if applicable   MOTE Registered Agent signature required when reinstating)   DATE	1605 MAIN STREET STE 700								
FILE NOW!!! FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  10. OFFICERS AND DIRECTORS  11TILE CV ESPERTI, ROBERT A STREET ADDRESS CITY-ST-ZIP TUCSON, AZ 85718  TUCSON	the obligati	ons of registered agent.				n, in the State of Flo		familiar with, and accept	
### After May 1, 2004 Fee will be \$550.00   Trust Fund Contribution.		Signature, typod or printed name of registered eigent and title	if applicable (NOTE Rogistere	d Agent signature	required when rainstating)		DATE		
TITLE	FILE NOTHII FEE IS \$ 150.00				\$5.00 May Be Added to Fees				
NAME STREET ADDRESS CITY- ST-ZIP TUCSON, AZ 85718  TITLE PVT NAME PETERSON, RENNO L STREET ADDRESS CITY- ST-ZIP TRUE SARASOTA, FL 34236  TITLE SARASOTA, FL 34236  TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME CAHOONE, DAVID K STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS CITY- ST-ZIP	10,		CTORS	1					
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TITLE NAME CAHOONE, DAVID K STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME Street address	PETERSON, RENNO L 1605 MAIN STREET STE 700						o-015 150.00	
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The state of the s	NAME STREET ADDRESS						. <del>-</del> ·.	· · · · · · · · · · · · · · · · · · ·	
TITLE NAME STREET ADDRESS CITY- ST-ZP  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	STREET ADDRESS CITY-ST-ZIP	cortify that the information currelied with this	liling does not qualify for the eve	emption states	Tin Section 319 077910	n Florida Štatulec	Tiuriber co	ertify 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 of the federal 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:

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

941-308-0070