

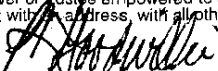


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2004 8:00 am
Secretary of State

03-03-2004 90004 030 ***158.75

DOCUMENT # F02000005212 1. Entity Name DELICH, ROTH & GOODWILLIE, P.A.					
Principal Place of Business 913 SHEIDLEY AVENUE, SUITE 110 BONNER SPRINGS, KS 66012			Mailing Address 913 SHEIDLEY AVENUE, SUITE 110 BONNER SPRINGS, KS 66012		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		<div style="font-size: 24px; font-weight: bold;">54014321</div> 	
4. FEI Number 48-0800763				Applied For <input checked="" type="checkbox"/> Not-Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Chg-P CR2E034 (10/03) \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GONZALEZ, RENATO J P.E. 10305 NW 41ST STREET, SUITE 103 MIAMI, FL 33178				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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 #1-11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD GOODWILLIE, ROBERT L P.E. 913 SHEIDLEY AVENUE, SUITE 110 BONNER SPRINGS, KS-66012 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD REED, CARL B P.E. 600 BROADWAY, SUITE 220 KANSAS CITY, MO 64105 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GREEN, CAROL A 913 SHEIDLEY AVENUE, SUITE 110 BONNER SPRINGS, KS 66012 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GOODWILLIE, ANN C. 913 SHEIDLEY AVENUE, SUITE 110 BONNER SPRINGS, KS 66012 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C ROTH, JOSEPH C P.E. 913 SHEIDLEY AVENUE, SUITE 110 BONNER SPRINGS, KS 66012 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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 address, with all other like empowered.					
SIGNATURE: 			1/21/04 913.441.1100 <small>Date Daytime Phone #</small>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					