


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90197 049 ***150.00

DOCUMENT # F04000002395	
1. Entity Name THE GROWTH PARTNERSHIP ACQUISITION COMPANY, INC.	

Principal Place of Business 502 EARTH CITY EXPRESSWAY, STE. 311 EARTH CITY, MO 63045	Mailing Address 502 EARTH CITY EXPRESSWAY, STE. 311 EARTH CITY, MO 63045
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50036802



2. Principal Place of Business 2458 Old Dorsett Rd Suite, Apt. #, etc. Suite 250 City & State Maryland Heights MO Zip 63043	3. Mailing Address SAME Suite, Apt. #, etc. City & State Zip Country
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03302005 Chg-P CR2E034 (10/03)

4. FEI Number 11-3667479	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent TRAYNER, JAMIE 14600 MARSHVIEW DRIVE JACKSONVILLE, FL 32250
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1871 Wisconsin Ave City Palm Harbor FL Zip Code 34683

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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PAWLOW, JEFFREY 3207 WOLF RIDGE SWANSEA, IL 62226 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RICE, CORAL 109 WAGGONER LANE EDWARDSVILLE, IL 63025 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BENSON, LISA 1847 PARTRIDGE BERRY DR. FLORISSANT, MO 63146 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HYLAN, CHARLES 1600 REDBLUFF COURT ST LOUIS, MO 63031 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 521 Woodmoor Ridge Ct Wildwood, MO 63011
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2303 Coventry Ct Chesterfield, MO 63017
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"/> 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: Lisa Benson 3/31/05 314-209-0922
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #