


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jul 19, 2005 08:00 AM
Secretary of State

DOCUMENT # F04000004740 1. Entity Name A21, INC.	
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Principal Place of Business 7660 CENTURION PARKWAY JACKSONVILLE, FL 32259	Mailing Address 7660 CENTURION PARKWAY JACKSONVILLE, FL 32259
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07052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 51-0402821	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent NATIONAL CORPORATE RESEARCH, LTD., INC. 103 N. MERIDIAN STREET TALLAHASSEE, FL 32301

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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 _____
Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$350.00 Due by September 7, 2005	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	CCEO PLEUS, ALBERT H 7660 CENTURION PARKWAY JACKSONVILLE, FL 32259
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VCCS BUTTA, THOMAS V 7660 CENTURION PARKWAY JACKSONVILLE, FL 32259
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD ARIAY, HAIM 7660 CENTURION PARKWAY JACKSONVILLE, FL 32259
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D ALLEN, LUKE A 7660 CENTURION PARKWAY JACKSONVILLE, FL 32259
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D BUTTA, VINCENT C 7660 CENTURION PARKWAY JACKSONVILLE, FL 32259
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D GARFINKLE, PHILIP N 7660 CENTURION PARKWAY JACKSONVILLE, FL 32259

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: W. E. Murphy IV 7-6-05 (904) 680-2736
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #