

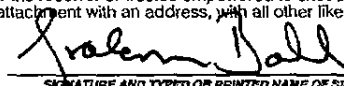


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2005 08:00 A**  
**Secretary of State**

<b>DOCUMENT # F76482</b> 1. Entity Name <b>BARBARA BALL &amp; ASSOCIATES, INC.</b>			
Principal Place of Business <b>C/O WIELAND, JEFFREY, P 255 SOUTH ORANGE AVE., STE 1700 ORLANDO, FL 32801-3483 US</b>		Mailing Address <b>10 DALEGARTH AVE BOLTON, BL1-5-W, ENGLAND UNITED KINGDOM, BL1-5-W</b>	
<b>DO NOT WRITE IN THIS SPACE</b>			
		 04272005 No Chg-P CR2E034 (10/03)	
		4. FEI Number <b>59-2190700</b> Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>WIELAND, JEFFREY P 255 SOUTH ORANGE AVE STE 1700 ORLANDO, FL 32801</b>		<b>DO NOT WRITE IN THIS SPACE</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.			
SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____ <small>Signature: typed or printed name of registered agent and title if applicable</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			
TITLE	VD		
NAME	CANNON, JAMES M		
STREET ADDRESS	499 SR 434 STE 2015		
CITY-ST-ZIP	ALTAMONTE SPGS, FL		
TITLE	PTD		
NAME	BALL, GRAHAM		
STREET ADDRESS	FAIRHOLME DALGARTH AVE		
CITY-ST-ZIP	BOLTON, U K 00000,		
TITLE	V		
NAME	BALL, NIGEL S		
STREET ADDRESS	FAIRHOLME DALGARTH AVE		
CITY-ST-ZIP	BOLTON, U K 00000,		
TITLE	VD		
NAME	SANJURJO, RALPH E		
STREET ADDRESS	4041 ROSE PETAL LANE		
CITY-ST-ZIP	ORLANDO, FL 00000,		
TITLE	VSD		
NAME	BALL, BARBARA		
STREET ADDRESS	FAIRHOLME DALGARTH AVE		
CITY-ST-ZIP	ORLANDO, FL 00000,		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 		GRAHAM BALL 4/27/05 044 1204 843960	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	