2005 FOR PROFIT CORPORATION

Mar 15, 2005 8:00 am **ANNUAL REPORT Secretary of State** DOCUMENT # F76643 03-15-2005 90019 023 ***150.00 1. Entity Name THOMAS F. BERNIER AND ASSOCIATES, INC. Principal Place of Business Mailing Address 9111 LYTHAM COURT P.O. BOX 2026 ORLANDO, FL 32819 WINDERMERE, FL 34786 CR2E034 (10/03) 03092005 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2259794 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BERNIER, THOMAS F DO NOT WRITE 9111 LYTHAM COURT ORLANDO, FL 32819 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 accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME BERNIER, THOMAS F STREET ADDRESS 9111 LYTHAM COURT CITY-ST-ZIP ORLANDO, FL TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 this see empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if vith all other like empowered

SIGNATURE:

City-St-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP

ED NAME OF SIGNING OFFICER OR DIRECTOR

FILED