

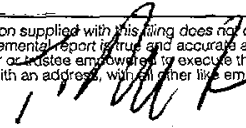


Jan 10, 2005  
Secret

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # F94083</b> 1. Entity Name <b>LAW OFFICE OF TERENCE MATTHEWS, CHARTERED</b>		
Principal Place of Business 5190 26TH STREET, WEST SUITE D BRADENTON, FL 34207 US	Mailing Address 5190 26TH STREET W. SUITE D BRADENTON, FL 34207 US	
<b>DO NOT WRITE IN THIS SPACE</b>		 01042005 No Chg-P CR2E034 (10/03)
		4. FEI Number 59-2215205 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  MATTHEWS, TERENCE 5190 26TH STREET, W. SUITE D BRADENTON, FL 34207		<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 reinstating) DATE _____		
<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"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		000000178505 01/10/05-80094-015 150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST TERENCE MATTHEWS 5190 26TH STREET, W., SUITE D BRADENTON, FL	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: 1/10/05 Daytime Phone #: 941-755-8583