ANNUAL REPORT

SIGNATURE:

FILED DOCUMENT # G57624 Apr 06, 2005 08:00 AM Secretary of State 1. Entity Name DEADLINE CONSULTING, MC. Principal Place of Business Mailing Address 3109 SE 20TH PLACE 3109 SE 20TH PLACE CAPE CORAL, FL 33904 CAPE CORAL, FL 33904 03092005 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. PEI Number Applied For 59-2322847 Not Applicable \$8.75 Additional Certificate of Status Desired 6. Name and Address of Current Registered Agent JOHNSON, MARK C. DO NOT WRITE 3109 S.E. 20TH PLACE CAPE CORAL, FL 33904 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, typed or printed name of registered agent and title it applicable (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee_will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE JOHNSON, MARK C. NAME — U00000290426 04/06/05-80065-014 158.75 STREET ADDRESS 3109 S.E. 20TH PLACE CITY-ST-ZIP CAPE CORAL, FL TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP The second recognition of the second 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)(i), Florida Statutes, I further certify that the information indicated on this report or suppliemental 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.

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #