2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED May 02, 2005 08:00 AM Secretary of State DOCUMENT # G65180 1. Entity Name C/I ASSOCIATES, INC. Mailing Address Principal Place of Business 1930 14TH AVENUE 1930 14TH AVENUE VERO BEACH, FL 32960 VERO BEACH, FL 32960 US No Chg-P CR2E034 (10/03) 04292005 DO NOT WRITE IN THIS SPACE Applied For 4. FE! Number 59-2333020 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent OATHOUT, EUGENE A DO NOT WRITE 1930 14TH AVENUE VERO BEACH, FL 32960 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 fitte if applicable (NOTE, Pepistered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be 5550.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE OATHOUT, EUGENE A NAME 1930-14TH AVE STREET ADDRESS CITY-ST-ZIP VERO BEACH, FL 32960 TITLE 05/04/05-80050-002 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE 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)(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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR