


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2005 8:00 am
Secretary of State

04-01-2005 90025 035 ***158.75

DOCUMENT # G66918		
1. Entity Name SINGHOFEN & ASSOCIATES, INC.		

Principal Place of Business 6961 UNIVERSITY BLVD WINTER PARK, FL 32792 US	Mailing Address 6961 UNIVERSITY BLVD WINTER PARK, FL 32792 US
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2. Principal Place of Business 925 South Semoran Boulevard	3. Mailing Address 925 South Semoran Boulevard
Suite, Apt. #, etc. Suite 104	Suite, Apt. #, etc. Suite 104

City & State Winter Park, Florida	City & State Winter Park, Florida
Zip 32792	Country US

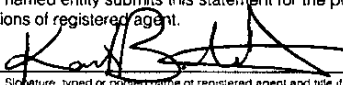


03282005 Chg-P CR2E034 (10/03)

4. FEI Number 59-2341111	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BOULICAULT, KENT PRES 6961 UNIVERSITY BLVD WINTER PARK, FL 32792	7. Name and Address of New Registered Agent Name Boulicault, Kent J. T/S Street Address (P.O. Box Number is Not Acceptable) 925 South Semoran Boulevard, Suite 104 City Winter Park FL Zip Code 32792
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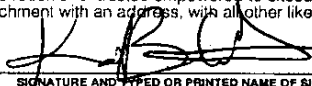
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  **KENT BOULICAULT SEC/TREAS.** **29 MAR 2005**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TROILO, MARK X VP/D 6961 UNIVERSITY BLVD. WINTER PARK, FL 32792 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Troilo, Mark X. VP/D 925 South Semoran Boulevard, Suite 104 Winter Park, Florida 32792 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/S BOULICAULT, KENT T/S/D 6961 UNIVERSITY BLVD WINTER PARK, FL 32792 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/S Boulicault, Kent J. T/S/D 925 South Semoran Boulevard, Suite 104 Winter Park, Florida 32792 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D GAYLORD, ROBERT B P/D 6961 UNIVERSITY BLVD WINTER PARK, FL 32792 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Gaylord, Robert B. P/D 925 South Semoran Boulevard, Suite 104 Winter Park, Florida 32792 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **KENT BOULICAULT SEC/TREAS** **3/29/05** **(407) 679-3001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #