## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

MANATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## FILED Feb 19, 2005 08:00 AM Secretary of State

1. Entity Nam MEGABO  Principal Place	DOKS, INC.	ailing Address			Sec	retary of	i State
2937 NE 19 DRIVE 83 NW 48 BLVD GAINESVILLE, FL 32609 US GAINESVILLE, FL 32607 U			S .		(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	) # 17 <b>0 ( 18</b> 17 <b>0 ( 18 18 ) 18 ( 18 18 )</b>	
C	O NOT WRITE II	CE	01242005  4. FEI Number 59-25328  5. Certificate of \$1000000000000000000000000000000000000	No Chg-P	CR2E034 (10/03)  Applied For Not Applicable  \$8.75 Additional Fee Required		
WALKER, 83 NW 48 GAINESVI	KAYF	in to agent	And the second s		NOT WI		
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 tibe if applicable.  (NOTE Registered Agent signature required when reinstitute)  DATE							
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00  OFFICERS AND DIRECTORS				00 May Be ed to Fees			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PD ADAMS, SANDRA P 306 GOLDEN GATE POINTE #5 SARASOTA, FL VSTD	CIORS			1000000 02/19/05-(	235.741 30018-005 1	.50.00
NAME STREET ADDRESS CITY-ST-ZIP TITLE	WALKER, KAY 83 NW 48_BLVD GAINESVILLE, FL 32607		<del></del>	· · · · · · · · · · · · · · · · · · ·			
NAME STREET ADDRESS CITY-ST-ZIP				DO N	NOT WI	RITE	:
TITLE NAME STREET ADDRESS CITY-ST-ZIP		-		IN T	HIS SPA	ACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				-			
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
12. I hereby of indicated of the corporated,	ertify that the information supplied with this fil on this report or supplemental report is true a poration or the receiver or truste empowered or on an attachment with an address, with all	ling does not qualify for the exer and accurate and that my signat It to execute this report as requir other like empowered.	nption stated in Sec ure shall have the s ed by Chapter 607,	otion 119.07(3)(i), Fi ame legal effect as , Florida Statutes; a	lorida Statutes. I fu if made under oat ind that my name a	rther certify that the h; that I am an office ppears in Block 10 o	information r or director or Block 11 if