

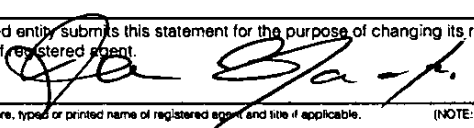
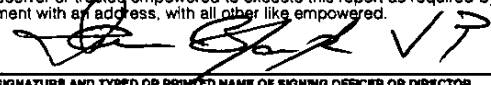


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90049 021 ***150.00

DOCUMENT # H31570 1. Entity Name STEWART PATTERSON (FLORIDA) INC.																																																																																																																											
Principal Place of Business 1069 CENTRAL AVE. SARASOTA, FL 34236 US		Mailing Address 1069 CENTRAL AVE. SARASOTA, FL 34236 US																																																																																																																									
2. Principal Place of Business 1419 5th STREET Suite, Apt. #, etc. Suite A City & State Sarasota FL Zip 34236 Country USA		3. Mailing Address 1419 5th STREET Suite, Apt. #, etc. Suite A City & State Sarasota FL Zip 34236 Country USA																																																																																																																									
																																																																																																																											
		02032005 Chg-P CR2E034 (10/03)																																																																																																																									
4. FEI Number 59-2464111		Applied For <input type="checkbox"/> Not Applicable																																																																																																																									
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																																																																																																																									
6. Name and Address of Current Registered Agent BLACK, IAN 1069 CENTRAL AVE. SARASOTA, FL 34236		7. Name and Address of New Registered Agent Name Black, Ian Street Address (P.O. Box Number is Not Acceptable) 1419 5th STREET, Suite A City Sarasota FL Zip Code 34236																																																																																																																									
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  DATE 2/5/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																																											
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																																																																																																																									
10. 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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:  DATE 2/5/05 Daytime Phone # 941 906 8682 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																																											