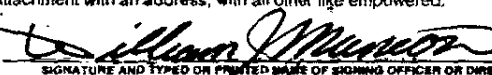


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED  
May 02, 2005 08:00 AM  
Secretary of State

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                       |                                 |                                                                                                                           |                                                                                   |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|---------------------------------|---------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--|
| DOCUMENT # J68661                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                       |                                 |                                                                                                                           |  |  |
| 1. Entity Name<br><b>MANION &amp; ASSOCIATES, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                       |                                 |                                                                                                                           |                                                                                   |  |
| Principal Place of Business<br>5008 W LINEBAUGH AVE<br>STE 24<br>TAMPA, FL 33624 US                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                       |                                 | Mailing Address<br>5008 W LINEBAUGH AVE<br>STE 24<br>TAMPA, FL 33624 US                                                   |                                                                                   |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                       | 3. Mailing Address              |                                                                                                                           |                                                                                   |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                       | Suite, Apt. #, etc.             |                                                                                                                           |                                                                                   |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                       | City & State                    |                                                                                                                           |                                                                                   |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                       | Country                         |                                                                                                                           | Zip                                                                               |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                       |                                 |                                                                                                                           |                                                                                   |  |
| 5. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                       |                                 |                                                                                                                           | 7. Name and Address of New Registered Agent                                       |  |
| MANION, WILLIAM J.<br>19125 CENTER ROSE BLVD<br>LUTZ, FL 33549                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                       |                                 |                                                                                                                           | Name                                                                              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                       |                                 |                                                                                                                           | Street Address (P.O. Box Number is Not Acceptable)                                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                       |                                 |                                                                                                                           | City                                                                              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                       |                                 |                                                                                                                           | FL Zip Code                                                                       |  |
| 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 _____ (NOTE: Registered Agent signature required when re-registering)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                       |                                 |                                                                                                                           |                                                                                   |  |
| DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                       |                                 |                                                                                                                           |                                                                                   |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2004 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                       |                                 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees |                                                                                   |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                       |                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                     |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | POD<br>MANION, WILLIAM J.<br>19125 CENTER ROSE BLVD<br>LUTZ, FL 33549 | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ST<br>MANION, MARTHA C.<br>19125 CENTRE ROSE BLVD<br>LUTZ, FL 33549   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                       | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                       | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                       | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                       | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>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)(f), 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 filers empowered. |                                                                       |                                 |                                                                                                                           |                                                                                   |  |
| SIGNATURE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                       |                                 | 4-28-5 813-962-6500                                                                                                       |                                                                                   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                       |                                 | Date Daytime Phone #                                                                                                      |                                                                                   |  |