2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005
Secretary of State

DOCUMENT# K54578

Entity Name: WRIGHT, FULFORD, MOORHEAD & BROWN, P.A.

Current Principal Place of Business:

% WILLIAM PATRICK FULFORD
145 NORTH MAGNOLIA AVENUE
ORLANDO, FL 32801

New Principal Place of Business:

Current Mailing Address:

% WILLIAM PATRICK FULFORD
145 NORTH MAGNOLIA AVENUE
ORLANDO, FL 32801

New Mailing Address:

FEI Number: 59-2924905 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FULFORD, WILLIAM PATRICK
145 NORTH MAGNOLIA AVENUE
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: WRIGHT, DONALD F.,
Address: 145 N MAGNOLIA AVE
City-St-Zip: ORLANDO, FL

Title: SD ( ) Delete
Name: FULFORD, WILLIAM PAT, RICK
Address: 145 N MAGNOLIA AVE
City-St-Zip: ORLANDO, FL

Title: D ( ) Delete
Name: MOORHEAD, TIMOTHY R.,
Address: 145 N MAGNOLIA AVE
City-St-Zip: ORLANDO, FL

Title: D ( ) Delete
Name: BROWN, CURTIS L
Address: 145 N. MAGNOLIA AVENUE
City-St-Zip: ORLANDO, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: WRIGHT, DONALD F.,
Address: 145 N MAGNOLIA AVE
City-St-Zip: ORLANDO, FL 32801 US

Title: SD (X) Change ( ) Addition
Name: FULFORD, WILLIAM PAT, RICK
Address: 145 N MAGNOLIA AVE
City-St-Zip: ORLANDO, FL 32801 US

Title: D (X) Change ( ) Addition
Name: MOORHEAD, TIMOTHY R.,
Address: 145 N MAGNOLIA AVE
City-St-Zip: ORLANDO, FL 32801 US

Title: D (X) Change ( ) Addition
Name: BROWN, CURTIS L
Address: 145 N. MAGNOLIA AVENUE
City-St-Zip: ORLANDO, FL 32801 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONALD F. WRIGHT PD 04/28/2005

Electronic Signature of Signing Officer or Director — Date