2005 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # L63865 1. Entity Name PROSPECT PARTNERS, INC. Principal Place of Business Mailing Address 2325 ULMERTON ROAD 2325 ULMERTON ROAD #20 CLEARWATER, FL 34622

FILED Apr 28, 2005 08:00 AM Secretary of State

CLEARWATE	K, FL 34022	CLEARWATER, FL 34022				
DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent				01282005 4. FEI Numb 59-301	No Chg-P	CR2E034 (10/03) Applied For Not Applicable \$8.75 Additional Fee Required
MORRIS, GREG 2325 ULMERTON ROAD SUITE 20 CLEARWATER, FL 33762 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 little if applicable. (NOTE: Registered Agent signature required when reinstating) CATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution				.00 May Be ed to Fees		
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND DIRI DP BULLARD, FRED B., JR. 2325 ULMERTON RD, #20 CLEARWATER, FL 34622 VP MORRIS, GREG 2325 ULMERTON ROAD STE 20 CLEARWATER, FL 33762	ECTORS			U000003 04/28/05-8	338815 30050-011 150.00
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE IN THIS SPACE			
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

727.576-6424