


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 20, 2004 8:00 am
Secretary of State

02-20-2004 90011 009 ***158.75

DOCUMENT # L86779 1. Entity Name NIGHT AUDITORS OF AMERICA INC.			
Principal Place of Business 4435 OLD WINTER GARDEN RD MAGNOLIA OFFICE CENTER ORLANDO, FL 32011 US		Mailing Address 4435 OLD WINTER GARDEN MAGNOLIA OFFICE CENTER ORLANDO, FL 32811 US	
2. Principal Place of Business 7320 - Farington Ct.		3. Mailing Address 7320 Farington Ct.	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Orlando, FLA.		City & State Orlando, Fla.	
Zip 32819		Zip 32819	
Country 		Country 	
4. FEI Number 59-3020358		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent XL CORPORATE SERVICES, INC. 4435 OLD WINTER GARDEN RD. MAGNOLIA OFFICE CENTER ORLANDO, FL 32811		7. Name and Address of New Registered Agent Name Jeffery T. Weinland Street Address (P.O. Box Number is Not Acceptable) 7320 - FARINGTON COURT City Orlando FL Zip Code 32819	
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 Thangant E. Weinland W. Weinland 2/17/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD WEINLAND, MARGARET 7320 FARINGTON COURT ORLANDO, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President JEFFERY T. WEINLAND <input type="checkbox"/> Delete 7320 FARINGTON COURT Orlando, Fla. 32819	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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)(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: Thangant E. Weinland <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		2/17/04 (407) 345-8370 <small>Date Daytime Phone #</small>	

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02172004 Chg-P CR2E034 (10/03)