2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Jan 12, 2005 08:00 AM Secretary of State DOCUMENT # L91024 . D. SCRIVANICH, INC. Principal Place of Business Mailing Address 14121 SUMMERSVILLE PLACE DAVIE, FL 33325 14121 SUMMERSVILLE PLACE DAVIE, FL 33325 No Chg-P CR2E034 (10/03) 01032005 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0213204 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent SCRIVANICH, DENNIS DO NOT WRITE 14121 SUMMERSVILLE PLACE DAVIE, FL 33325 IN THIS SPACE 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 title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME SCRIVANICH, DENNIS 14121 SUMMERSVILLE PLACE STREET ADDRESS **DAVIE, FL 33325** CITY-ST-ZIP -- U00000178944 01/12/05-80049-008 158.75 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-SY-ZIP 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 supplied enter it rue 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 of 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 shift if the empowered.

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED