2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2005
Secretary of State

DOCUMENT# N00000000665

Entity Name: FL-2 DMAT, INC.

Current Principal Place of Business:

1153 SE 32 TERRACE
CAPE CORAL, FL 33904

New Principal Place of Business:

Current Mailing Address:

1153 SE 32 TERRACE
CAPE CORAL, FL 33904

New Mailing Address:

FEI Number: 46-0486829 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BOWLES, CONNIE
1153 SE 32ND TERRACE
CAPE CORAL, FL 33904 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

OFFICERS AND DIRECTORS:

Title: AD ( ) Delete
Name: BOWLES, CONNIE
Address: 1153 SE 32ND TERRACE
City-St-Zip: CAPE CORAL, FL 33904

Title: DDUC ( ) Delete
Name: GOTTSCHALK, BRUCE
Address: 1309 SE 29 TERR,
City-St-Zip: FORT MYERS, FL 339198114

Title: DUC ( ) Delete
Name: HENDRICKSON, ROBERT
Address: 4416 TAYLOR RD
City-St-Zip: PUNTA GORDA, FL 33950

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DUC (X) Change ( ) Addition
Name: HENDRICKSON, ROBERT
Address: 3300 SCENIC VIEW DRIVE
City-St-Zip: PUNTA GORDA, FL 33950

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CONNIE BOWLES ADMI 04/24/2005

Electronic Signature of Signing Officer or Director — Date