2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 26, 2004
Secretary of State

DOCUMENT# N01000000362

Entity Name: THE PALM BAY PROFESSIONAL NETWORK, INC.

Current Principal Place of Business:

1150 MALABAR RD.NW
SUITE #117
PALM BAY, FL 32907

New Principal Place of Business:

Current Mailing Address:

841 SEVEN GABLES CIRCLE,SE
PALM BAY, FL 32909

New Mailing Address:

FEI Number: 65-1068739 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GRAHAM, CALVITA C
841 SEVEN GABLES CIRCLE,SE
PALM BAY, FL 32909 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: PD ( ) Delete
Name: BROWN, CHAZ
Address: 1150 MALABAR RD.NW
City-St-Zip: PALM BAY, FL 32907

Title: VD ( ) Delete
Name: GRAHAM, CALVITA C
Address: 841 SEVEN GABLES CIRCLE SE
City-St-Zip: PALM BAY, FL 32909

Title: SD ( ) Delete
Name: CARLISLE, DEANNA
Address: 1217 PALMDALE CIRCLE NE
City-St-Zip: PALM BAY, FL 32905

Title: TD ( ) Delete
Name: TAYLOR, TAMMY
Address: 349 BUTLER AVENUE,NE
City-St-Zip: PALM BAY, FL 32907

Title: D ( ) Delete
Name: SMITH, NORMA
Address: 1520 BOTTLEBRUSH DRIVE,NE
City-St-Zip: PALM BAY, FL 32905

Title: D ( ) Delete
Name: CASALE, ROBERT
Address: 750 HUROLE AVENUE,NE
City-St-Zip: PALMBAY, FL 329051666

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: BROXTON-WATSON, CAROL
Address: 1354 MOHEGAN TERRACE SE
City-St-Zip: PALM BAY, FL 32909

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

Title: PD (X) Change ( ) Addition
Name: CARLISLE, DEANNA
Address: 1217 PALMDALE CIRCLE NE
City-St-Zip: PALM BAY, FL 32905

Title: SD (X) Change ( ) Addition
Name: CONTINO, CAROL
Address: 1337 HELVENSTON ST NW
City-St-Zip: PALM BAY, FL 32907

Title: TD (X) Change ( ) Addition
Name: SMITH, NORMA
Address: 1520 BOTTLEBRUSH DRIVE,NE
City-St-Zip: PALM BAY, FL 32905

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

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: CALVITA GRAHAM VP 05/26/2004

Electronic Signature of Signing Officer or Director — Date