
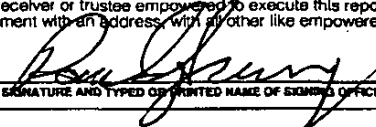


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 26, 2005 8:00 am**  
**Secretary of State**

08-26-2005 90003 020 \*\*\*\*61.25

<b>DOCUMENT # N03000005600</b> 1. Entity Name <b>COALITION FOR PROFESSIONAL LICENSING REFORM, INC.</b>					
Principal Place of Business <b>PO BOX 300882 FERN PARK, FL 32730</b>			Mailing Address <b>PO BOX 300882 FERN PARK, FL 32730</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>04-3747713</b> <div style="float: right;"> <input type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable         </div>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>SPUNG, PAUL 2905 LAKEVIEW DRIVE FERN PARK, FL 32730</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing) DATE</small>					
<b>Filing Fee is \$61.25 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>SPUNG, PAUL</b>		NAME		
STREET ADDRESS	<b>PO BOX 300882</b>		STREET ADDRESS		
CITY - ST - ZIP	<b>FERN PARK, FL 32730</b>		CITY - ST - ZIP		
TITLE	Member <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>Mrs. Cheryl Banks</b>		NAME		
STREET ADDRESS	<b>174 South Wheatland Ave.</b>		STREET ADDRESS		
CITY - ST - ZIP	<b>Columbus, Ohio 43204</b>		CITY - ST - ZIP		
TITLE	Member <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>Mrs. Liana Badita</b>		NAME		
STREET ADDRESS	<b>74 Fitzhenry Blvd.</b>		STREET ADDRESS		
CITY - ST - ZIP	<b>Columbus, Ohio 43214</b>		CITY - ST - ZIP		
TITLE	Member <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>Mr. Scott Slayback</b>		NAME		
STREET ADDRESS	<b>2905 Lakeview Drive</b>		STREET ADDRESS		
CITY - ST - ZIP	<b>Fern Park, FL 32730</b>		CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - 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 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 617, 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.					
<b>SIGNATURE:</b>  <span style="float: right;"><b>8/8/05</b></span>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					