


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 29, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N03000008841</b>		
1. Entity Name <b>BULLWARK, INC.</b>		
Principal Place of Business <b>4726 NORTH LOIS AVENUE SUITE A-2 TAMPA, FL 33614</b>	Mailing Address <b>4726 NORTH LOIS AVENUE SUITE A-2 TAMPA, FL 33614</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>WILLYOUNG, JOHN WESLEY 4726 NORTH LOIS AVENUE SUITE A-2 TAMPA, FL 33614</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 file if applicable (NOTE: Registered Agent Signature required when reinstating) DATE</small>		
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILLYOUNG, JOHN WESLEY 527 LAKEVIEW DRIVE OLDSMAR, FL 34677	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LUBOWIECKY, MARK 1002 VISTA POINT DRIVE TAMPA, FL 33635	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SNYDER, WILLIAM 15828 DEEP CREEK LANE TAMPA, FL 33624	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BOOTS, MICHAEL 4618 LANDSCAPE DRIVE TAMPA, FL 33624	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PEREZ, ROBERTO 314 W. SOUTH AVENUE TAMPA, FL 33603	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MILLER, JOHN 4701 BULLOCK COURT TAMPA, FL 33624	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.		
SIGNATURE: <u>John Will Young</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>4-27-2005</b> <small>Date</small>
		<b>813 872 0077</b> <small>Daytime Phone #</small>



04262005 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>13-4267549</b>	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

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04/29/05-80108-012 61.25