2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010656

P. O. BOX 3628

BELLEVIEW, FL 34421

Address:

City-St-Zip:

FILED Feb 26, 2005 Secretary of State

| Entity Na | me: THE SOL | JNDS OF JOY, INC. | | |
|---|---|----------------------------------|--|--|
| Current Principal Place of Business: | | | New Principal Place of Business: | |
| 8735 SE 6 OCALA, FI | | | | |
| Current Mailing Address: | | | New Mailing Address: | |
| 8735 SE 6 OCALA, F | | | | |
| FEI Number | : 61-1462059 | FEI Number Applied For() | FEI Number Not Applicable () | Certificate of Status Desired () |
| Name and Address of Current Registered Agent: | | | Name and Address of New Registered Agent: | |
| BENNETT 8735 SE 6 OCALA, FI | 1ST AVE. | 3 | | |
| | e named entity e of Florida. | submits this statement for the բ | ourpose of changing its registere | d office or registered agent, or both, |
| SIGNATU | | | | |
| Electronic Signature of Registered Age | | | nt Date | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | D (BENNETT, GAI 8735 SE 61ST OCALA, FL 34 | AVE. | Title: Name: Address: City-St-Zip: | () Change () Addition |
| Title: Name: Address: City-St-Zip: | D (PAXTON, ROB 6791 SE 54TH OCALA, FL 34 | ST. | Title: Name: Address: City-St-Zip: | () Change () Addition |
| Title: Name: Address: City-St-Zip: | D (RILEY, LINDA 4111 NE 22ND OCALA, FL 34 | | Title: Name: Address: City-St-Zip: | () Change () Addition |
| Title: Name: | D (SWIFT, STEPH |) Delete HEN | Title: Name: | () Change () Addition |

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.

Address:

City-St-Zip:

SIGNATURE: ROBERT J PAXTON 02/26/2005 D