2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27738

FILED Jul 10, 2004 Secretary of State

Current Principal Place of Business: 18221 COUNITY ROAD 225 P.O. BOX 347 EVINSTON, FL. 32633 US Current Mailing Address: New Mailing Address: P.O. BOX 347 EVINSTON, FL. 32633 US FEI Number Not Applicable () Certificate of Status Desired () Name and Address of New Registered Agent: Name and Address of Florida. SIGNATURE: Electronic Signature of Registered Agent Date OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR: Title: D () Delete Name: SIGSON, DAVID W. Address: Country Road 225, BOX 347 City-St-Zip: Title: D () Delete Name: GIBSON, BETTY J., Name: Address: COUNTY ROAD 225, BOX 347 City-St-Zip: Title: D () Delete Name: GIBSON, BETTY J., Name: Address: COUNTY ROAD 225, BOX 347 City-St-Zip: Title: D () Delete Name: GIBSON, BETTY J., Name: Address: CITY-St-Zip: Title: D () Delete Name: GIBSON, BUNH H Name: GIBSON, BUNH R Name: Address: CITY-St-Zip: Title: D () Delete Name: GIBSON, BUNH R Name: Address: CITY-St-Zip: Title: D () Delete Name: GIBSON, BUNH R Name: Address: CITY-St-Zip: Title: D () Delete Name: CITY-St-Zip: Title: D () Delete Name: CITY-St-Zip: Title: D () Delete Name: CITY-St-Zip: Title: CITY-St-Zip: Title: CITY-St-Zip: Title: CITY-St-Zip: Title: D () Delete Name: CITY-St-Zip: Title: CITY-St-Zip: Title: D () Delete Name: CITY-St-Zip: Title: CITY-St-Zip:	Entity Nar	me: INSTITUT	TE OF MAPPING SCIENCES,	INC.		
P.O. BOX 347 EVINSTON, FL 32633 US Current Mailing Address: New Mailing New New Sells and New Status Desired () Name Address: New Mailing Address: New Mailing New Address: New Mailing New Sells and New Status Desired () Name: Address: New Mailing Address: New Mailing New Address: New Mailing Mailing New Address: New Mailing Mailing Mailing Mailing New	Current Principal Place of Business:			New Principal Pla	New Principal Place of Business:	
Current Mailing Address: Rew Mailing Address: 18221 COUNTY ROAD 225 P.O. BOX 347 EVINSTON, FL 32633 US FEI Number S9-2910683 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: Date FEI Number Not Applicable () Certificate of Status Desired () Name and Address of New Registered Agent: Name and Address of New Registered Agent: Date FEI Number Not Applicable () Certificate of Status Desired () Name and Address of New Registered Agent: Name and Address of New Registered Agent: Name and Address of New Registered Agent: Date FEI Number Not Applicable () Certificate of Status Desired () Name: Address: () Change () Addition Name: Address: () Change () Addition Name: Address: () City-St-Zip: Title: D () Delete Name: Address: () City-St-Zip:			225			
18221 COUNTY ROAD 225 P.O. BOX 347 EVINSTON, FL 32633 US FEI Number: 59-2910683 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: GIBSON, DAVID W. 18221 COUNTY RD. 225 P.O. BOX 341 EVINSTON, FL 32633 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: ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR: Title: D () Delete Title: () Change () Addition Name: Address: COUNTY ROAD 225, BOX 347 City-St-Zip: EVINSTON, FL City-St-Zip: Title: D () Delete Title: () Change () Addition Name: Address: COUNTY ROAD 225, BOX 347 Address: City-St-Zip: EVINSTON, FL City-St-Zip: Title: D () Delete Title: () Change () Addition Name: Address: City-St-Zip: Title: D () Delete Title: () Change () Addition Name: Address: ROAD Title: () Change () Addition Name: Address: Title: D () Delete Title: () Change () Addition Name: Address: ROAD Title: () Change () Addition Name: Address: ROAD Title: () Change () Addition Name: Address: ROAD Title: () Change () Addition Name: Address: ROAD Title: () Change () Addition Name: Address: ROAD Title: () Change () Addition Name: Address: ROAD Title: () Change () Addition Name: Address: ROAD Title: () Change () Addition Name: Address: ROAD Title: () Change () Addition Name: Address: ROAD Title: () Change () Addition Name: Address: ROAD Title: () Change () Addition Name: Address: ROAD Title: () Change () Addition Name: Address: ROAD Title: () Change () Addition Name: Address: ROAD Title: () Change () Addition Name: Address: ROAD Title: () Change () Addition Name: Address: ROAD Title: () Change () Addition Name: Address: ROAD Title: () Ch			US			
P.O. BOX 347 EVINSTON, FL 32633 US FEI Number: 59-2910683 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: GIBSON, DAVID W. 18221 COUNTY RD. 225 P.O. BOX 341 EVINSTON, FL 32633 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: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: D () Delete Title: () Change () Addition Name: GIBSON, DAVID W., Address: COUNTY ROAD 225, BOX 347 Title: D () Delete Title: () Change () Addition Name: Address: COUNTY ROAD 225, BOX 347 Address: CIty-St-Zip: Title: D () Delete Title: () Change () Addition Name: Address: 18221 COUNTRY RD 225, PO BOX 347	Current M	lailing Addres	ss:	New Mailing Addr	New Mailing Address:	
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OFFICERS AND DIRECTORS: Title: D () Delete Name: GIBSON, DAVID W., Address: COUNTY ROAD 225, BOX 347 City-St-Zip: EVINSTON, FL Title: D () Delete Title: () Change () Addition Name: Address: City-St-Zip: () Change () Addition Name: GIBSON, BETTY J., Address: COUNTY ROAD 225, BOX 347 Address: COUNTY ROAD 225, BOX 347 Address: COUNTY ROAD 225, BOX 347 City-St-Zip: EVINSTON, FL Title: D () Delete Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address: Address: () Change () Addition Name: Address: () Change () Addition	P.O. BOX: EVINSTON The above in the State	341 N, FL 32633 named entity se of Florida. RE:	submits this statement for the			
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	Name: Address:	GIBSON, EVIN 18221 COUNTE	H RY RD 225, PO BOX 347	Name: Address:	() 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.

SIGNATURE: DAVID W. GIBSON **PRES** 07/10/2004