


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 15, 2005 8:00 am**  
**Secretary of State**

04-15-2005 90057 008 \*\*\*\*61.25

<b>DOCUMENT # N93000005473</b>	
1. Entity Name <b>FROM UNITY TO LOYALTY INC.</b>	

Principal Place of Business <b>2010 N MAIN STREET JACKSONVILLE, FL 32206 US</b>	Mailing Address <b>2010 N MAIN STREET JACKSONVILLE, FL 32206 US</b>
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2. Principal Place of Business <b>6934 Richardson Road.</b>	3. Mailing Address <b>6934 Richardson Road.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Jacksonville, FL 32209</b>	City & State <b>Jacksonville, FL 32209</b>
Zip <b>32209</b>	Zip <b>32209</b>
Country <b>Arual</b>	Country <b>Arual</b>

6. Name and Address of Current Registered Agent <b>NEAL, ANDR'E X 3221 CLYDE DRIVE JACKSONVILLE, FL 32208</b>	
7. Name and Address of New Registered Agent <b>Neal, Andre X 3221 Clyde Drive Jacksonville FL 32208</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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<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 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C KNIGHT, MICHAEL 2010 N MAIN STREET JACKSONVILLE, FL 32206</b> <input checked="" type="checkbox"/> Delete <b>Resigned</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VC EVANS, JAMES JR. 6934 RICHARDSON ROAD JACKSONVILLE, FL 32209</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T NEAL, ANDR'E X 3221 CLYDE DRIVE JACKSONVILLE, FL 32208</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T JORDAN, ESTELLE 2010 N MAIN STREET JACKSONVILLE, FL 32206</b> <input checked="" type="checkbox"/> Delete <b>Resigned</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T FLOWERS, ROBERT L 6720 WEST VIRGINIA COURT JACKSONVILLE, FL 32208</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T KNIGHT, MICHAEL 2010 N MAIN STREET JACKSONVILLE, FL 32206</b> <input checked="" type="checkbox"/> Delete <b>Resigned</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

**SIGNATURE: Andre X Neal, Andre X Neal, 12 APR 05 904-768-2778**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #