


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Mar 23, 2005 08:00 AM
Secretary of State

DOCUMENT # N98000002278	
1. Entity Name COMMUNITY POLITICAL SCREENING PANEL, INC.	

Principal Place of Business 4929 N.W. 17TH AVENUE MIAMI FL 33142	Mailing Address 4929 N.W. 17TH AVENUE MIAMI FL 33142
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/04)

4. FEI Number 65-0842468		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
FRAZIER, EUFAULA 4929 NW 17TH AVE MIAMI FL 33142

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL 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	(NOTE: Registered Agent signature required when reinstating)	DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete
P FRAZIER, EUFAULA 4929 N.W. 17TH AVENUE MIAMI FL 33142	
V YAPP, L. GEORGE 2450 N.W. 76TH STREET MIAMI FL 33147	
D MCKENZIE, WILFRED 3280 NW 48 TERR MIAMI FL 33142	
<input type="checkbox"/> Delete	
<input type="checkbox"/> Delete	
<input type="checkbox"/> Delete	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
U00000273900 03/23/05-80046-009 61.25	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<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)(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: 	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #
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