2005 FOR PROFIT CORPORATION

CITY-ST-ZIP

SIGNATURE:

changed, or on an attachment with any

Jul 18, 2005 8:00 am ANNUAL REPORT **Secretary of State** DOCUMENT # P00000012404 07-18-2005 90042 021 ***150.00 1. Entity Name HUGH FORSYTHE, INC. Principal Place of Business Mailing Address 7510 DARTMOUTH AVE. N. 7510 DARTMOUTH AVE. N. 50055580 ST PETERSBURG, FL 33710 ST PETERSBURG, FL 33710 05012005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3624013 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FORSYTHE, HUGH DO NOT WRITE 7510 DARTMOUTH AVE. N. ST PETERSBURG, FL 33710 IN THIS SPACE 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees Due by September 7, 2005 OFFICERS AND DIRECTORS 10. TITLE FORSYTHE, HUGH 7510 DARTMOUTH AVE. N. STREET ADDRESS CITY-ST-ZIP ST PETERSBURG, FL 33710 TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 trustage empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if

dress, with all other like, empowered.

SIGNATURE AND TYPES OR PRINTED NAM

FILED