2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

changed, or on ar

SIGNATURE

May 02, 2005 08:00 AM Secretary of State **DOCUMENT # P00000067343** 1. Entity Name LOW GRAVITY, INC. Mailing Address Principal Place of Business 938 RIPLEY TERRACE NE P.O. BOX 120065 W MELBOURNE, FL 32912 PALM BAY, FL 32907 04302005 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3665289 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HATCHER, DANIEL DO NOT WRITE 938 RIPLEY TERRACE NE PALM BAY, FL 32907 IN THIS SPACE . 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, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstaling) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE HATCHER, DANIEL NAME U00000355406 05/03/05-80145-024 150.00 STREET ADDRESS 938 RIPLEY TERRACE NE CITY-ST-ZIP PALM BAY, FL 32907 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. Thereby 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 certh; that I am an officer or disection or the received or trustage empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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