2004 FOR PROFIT CORPORATION

CITY-ST-ZIP

SIGNATURE:

FILED ANNUAL REPORT Mar 17, 2004 08:00 AM Secretary of State **DOCUMENT # P00000069289** 1. Entity Name GILLIAN TAYLOR, P.A. Principal Place of Business Mailing Address 6400 S.W. 126TH STREET ROAD 6400 S.W. 126TH STREET ROAD PINECREST, FL 33156 PINECREST, FL 33156 03122004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1037819 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent TAYLOR, GILLIAN DO NOT WRITE 6400 S.W. 126TH STREET ROAD PINECREST, FL 33156 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 Signature, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be U00000090152 FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees 03/17/04-80007-002 150.nn OFFICERS AND DIRECTORS 10. TELLE TAYLOR, GILLIAN --NAME STREET ADDRESS 6400 S.W. 126TH STREET ROAD CITY-ST-ZIP PINECREST, FL 33156 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAUL STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TRUE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 118 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 607, 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.

NTED NAME OF SIGNING OFFICER OR DIRECTOR