

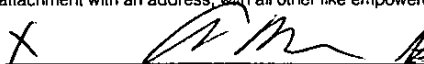


01-10-2005 90043 005 \*\*\*150 00

<b>DOCUMENT # P00000117546</b>						<b>Secretary of State</b> 01-10-2005 90043 005 ***150.00	
1. Entity Name <b>POWELL, CARNEY, GROSS, MALLER &amp; RAMSAY, P.A.</b>							
Principal Place of Business <b>ONE PROGRESS PLAZA, STE. 1210 ST. PETERSBURG, FL 33701</b>		Mailing Address <b>ONE PROGRESS PLAZA, STE. 1210 ST. PETERSBURG, FL 33701</b>		<b>20000996</b>			
2. Principal Place of Business		3. Mailing Address		01052005 Chg-P CR2E034 (10/03)			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number <b>59-3687258</b>			
City & State		City & State		Applied For Not Applicable			
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent <b>POWELL, JAMES N ONE PROGRESS PLAZA, STE. 1210 ST. PETERSBURG, FL 33701</b>				7. Name and Address of New Registered Agent			
				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City			
				<b>FL</b> 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 _____							
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	<input type="checkbox"/> Delete		TITLE	D/P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	POWELL, JAMES N			NAME			
STREET ADDRESS	ONE PROGRESS PLAZA, STE. 1210			STREET ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG, FL 33701			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE	D/T/VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	CARNEY, MARY JO			NAME			
STREET ADDRESS	ONE PROGRESS PLAZA, STE. 1210			STREET ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG, FL 33701			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE	D/VP/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	GROSS, ALAN M			NAME			
STREET ADDRESS	ONE PROGRESS PLAZA, STE. 1210			STREET ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG, FL 33701			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE	D/VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MALLER, KAREN E			NAME			
STREET ADDRESS	ONE PROGRESS PLAZA, STE. 1210			STREET ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG, FL 33701			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE	D/VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	RAMSAY, DON DOUGLAS			NAME			
STREET ADDRESS	ONE PROGRESS PLAZA, STE. 1210			STREET ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG, FL 33701			CITY-ST-ZIP			
TITLE	DVP	<input type="checkbox"/> Delete		TITLE	D/VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	GROVE, UTA S			NAME			
STREET ADDRESS	ONE PROGRESS PLAZA, STE. 1210			STREET ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG, FL 33701			CITY-ST-ZIP			
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 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.							
SIGNATURE: 				1/6/05 703 896-9011			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #			