2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 11, 2005 8:00 am Secretary of State

| DOCU | | | | | | | | | |
|---|--|---|---|---|------------------------|-----------------------------|---------------------------------------|----------------------------|------------------------------|
| 1. Entity Nam PAUL R. | | | | 04-11-2005 9 | | 044 ***150 |).00 | | |
| Principal Plac | e of Business | Mailing Address | | | | INDON | , , , | | |
| 2240 BELLEAIR ROAD 2240 BELLEAIR ROAD SUITE 160 SUITE 160 | | | 4 US | | 1 (30 (100) (N | 8871) 8848) 81778 85786 HB) | E18# 8 # | CIBN 21611 BIRN 611 | 1/1 23 / () (111/ |
| 0.00 | the set Distance | 3. Mailing Address | | { | | | | | AN aa h in 1881 |
| | Hace of Business S. Belcher Road | 1250 S. Bel | 1250 S. Belcher Road Suite, Apt. #, etc. | | I H ardiari ir | | | 6 81 6 3 6 8 0 | |
| Suite | | Suite 160 | | 02 | 2152005 | Chg-P | CR2 | E034 (10/03) | |
| City & State | | City & State | | 4. | FEI Numbe | er | | A | pplied For |
| Largo | | l _ ' | | l l | 58-153 | | | N | ot Applicable |
| 33771 | Country | Largo, FL | Country | | Cartificate | of Status Desired | | \$8.75 Ad | |
| 33//1 | USA | 33771 | USA | 5. | Certificate | or Status Desired | Π. | Fee Require | ed . |
| | 6. Name and Address of Current F | Registered Agent | | 7. | Name and | Address of New R | egistere | d Agent | |
| | | | Name | 'onnor | Da+ | rick M | | | |
| O'CONNOR, PATRICK M ESQ 2240 BELLEAIR ROAD | | | | O'Connor, Patrick M. Street Address (P.O. Box Number is Not Acceptable) 1250 S. Belcher Road | | | | | |
| SUITE 160 CLEARWATER, FL 33764 | | | | Suite 160 | | | | | |
| | | | | City Largo / FL Zip Code 33771 | | | | | |
| 8 The above | named entity submits this statement for | the ouroose of changing its r | registered office of | r registered ac | nent, or bo | th, in the State of Flo | rida a | m familiar with | |
| the obligat | tions of registere it agree. | the purpose of analoging has | ogletore e lieu | | 30 | 1/6 | 1 | | |
| | 112 | | | | | -97x | / () | ſ | |
| SIGNATURE. | Signature, typed or printed name of registered agent a | and title if applicable. (NOTE | ; Registered Agent signa | lure required when r | reinstaung) | | DATE | <u></u> | |
| | E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.0 | 9. Election Campaiç Trust Fund Contri | | \$5.00 i | | / / | | | |
| 40 | OFFICERS AND | DIDECTORS | T 44 | , · · ~ | DDITIONS | CHANGES TO OFF | CEDS A | ND DIRECTOR | C IN 11 |
| 10. | OFFICERS AND I | | 11. | PTSD | DUTTONS | CHANGES TO OFF | OENS A | K Change | Addition |
| TITLE NAME | O'CONNOR, PATRICK M | ☐ Delete | TITLE NAME | | or. | Patrick | М. | A Change | Addition |
| STREET ADDRESS | 2240 BELLEAIR ROAD, SUITE 10 | 60 | STREET ADDRESS | 1250 9 | S. Be | lcher Ro | ad. | Suite | 160 |
| CITY-ST-ZIP | 1 | | | , 200 | | | | | |
| | LCLEARWATER, EL 33794 | 00 | CITY-ST-ZIP | | | | • | | |
| TITLE | CLEARWATER, FL 33764 | | | Largo | | | | Change | Addition |
| TITLE | CLEARWATER, FL 33/64 | □ Delete | TITLE | | | | | ☐ Change | Addition |
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| | CLEARWATER, PL 33/64 | | TITLE | | | | • | ☐ Change | Addition |
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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 prace 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone 6