-2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

May 02, 2005 08:00 AM Secretary of State DOCUMENT # P01000022211 CABOT COMPANIES, INC. Mailing Address Principal Place of Business PO BOX 1460 5969 CATTLEMEN LANE SARASOTA, FL 34232 NOKOMIS, FL 34274-1460 No Chg-P CR2E034 (10/03) 04262005 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1097535 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LAUDENSLAGER, JOHN P DO NOT WRITE 1029 DELACROIX CIRCLE NOKOMIS, FL 34275 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 if applicable (NOTE, Registered Agent signature required when reinstating) DATE **\$5.00** May Be 9. Election Campaign Financing 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 NIVEN, WILLIAM D NAME 5969 CATTLEMEN LANE STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34232 TITLE U00000354342 05/03/05-80104-005 150.00 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY - ST-ZIP IN THIS SPACE 7171*F* 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 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.

G OFFICER OR DIRECTOR

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