

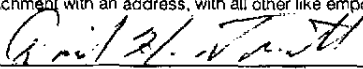


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 13, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000032173</b>			
1. Entity Name DAVID H. TREVETT & ASSOCIATES, INC.			
Principal Place of Business 10501 CROMWELL GROVE TERR ORLANDO, FL 32827	Mailing Address 10501 CROMWELL GROVE TERR ORLANDO, FL 32827		
<b>DO NOT WRITE IN THIS SPACE</b>			
		02032005 No Chg-P CR2E034 (10/03)	
		4. FEI Number 59-3723118	Applied For <input checked="" type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent  TREVETT, DAVID H 10501 CROMWELL GROVE TERR ORLANDO, FL 32827		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> 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"/>	\$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		<b>DO NOT WRITE IN THIS SPACE</b>  UN00000301185 04/13/05-80021-016 150.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD TREVETT, DAVID H 10501 CROMWELL GROVE TERR ORLANDO, FL 32827		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD TREVETT, MILDRED T 10501 CROMWELL GROVE TERR ORLANDO, FL 32827		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
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TITLE NAME STREET ADDRESS 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: 		4/13/05 407/251-7808	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	