2005 FOR PROFIT CORPORATION

May 04, 2005 8:00 am **ANNUAL REPORT** Secretary of State **DOCUMENT # P01000040454** 05-04-2005 90113 023 ***150.00 1. Entity Name BOB WELNIAK, INC. Principal Place of Business Mailing Address **430 FLESHMAN DRIVE** 430 FLESHMAN DRIVE DESTIN, FL 32541 DESTIN, FL 32541 No Chg-P CR2E034 (10/03) 04052005 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3719581 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WELNIAK, ROBERT M DO NOT WRITE 430 FLESHMAN DRIVE DESTIN, FL 32541 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 SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE WELNIAK, ROBERT M NAME STREET ADDRESS 430 FLESHMAN DRIVE CITY-ST-ZIP DESTIN, FL 32541 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling 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:

STREET ADDRESS CITY+ST-ZIP TITLE

STREET ADDRESS

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED