

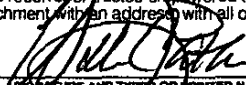
2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 24, 2004 8:00 am
Secretary of State

05-24-2004 90010 024 ***150.00

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DOCUMENT # P01000043398			
1. Entity Name BUSINESS DEVELOPMENT ASSOCIATES OF NORTH AMERICA, INC.			
Principal Place of Business 4012 NW 64TH PLACE GAINESVILLE, FL 32653		Mailing Address 4012 NW 64TH PLACE GAINESVILLE, FL 32653	
2. Principal Place of Business		3. Mailing Address 5200 NW 43 Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 102-381	
City & State		City & State Gainesville, FL	
Zip	Country	Zip	Country
32606		32606	USA
4. FEI Number 59-3720475		Applied For <input 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		7. Name and Address of New Registered Agent	
LATHAM, WILLIAM C 4012 NW 64TH PLACE GAINESVILLE, FL 32653		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PMD	TITLE	
NAME	LATHAM, WILLIAM C	NAME	
STREET ADDRESS	4012 NW 64TH PLACE	STREET ADDRESS	
CITY - ST - ZIP	GAINESVILLE, FL 32653	CITY - ST - ZIP	
TITLE	TSD	TITLE	
NAME	MCGINNIS, DAN L	NAME	
STREET ADDRESS	4611 NE 14TH STREET	STREET ADDRESS	
CITY - ST - ZIP	OCALA, FL 34471	CITY - ST - ZIP	
TITLE	D	TITLE	
NAME	PRIVAT, MICHAEL P	NAME	
STREET ADDRESS	4440 SW ARCHER RD #1528	STREET ADDRESS	
CITY - ST - ZIP	GAINESVILLE, FL 32608	CITY - ST - ZIP	
TITLE	D/C	TITLE	
NAME	MIMS JR, CLINTON F	NAME	
STREET ADDRESS	PO BOX 91	STREET ADDRESS	
CITY - ST - ZIP	EAST LAKE WEIR, FL 32133	CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		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: 		Date: 5/18/04 (352) 373-4140	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	