- 2065 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 28, 2005 08:00 AM DOCUMENT # P01000058156 1. Entity Name **Secretary of State** ALIE GATTIS, P.A. Principal Place of Business Mailing Address 906 KIM COURT 906 KIM COURT WINTER SPRINGS, FL 32708 WINTER SPRINGS, FL 32708 CR2E034 (10/03) 01062005 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3719780 افتيار Not Appl \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DEAN, RICHARD W DO NOT WRITE 3275 W HILLSBORO BLVD #207 DEERFIELD BEACH, FL 33442 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) 9. Election Campaign Financing \$5.00 May 8e 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 GATTIS, ALICIA NAME U00000201708 STREET ADDRESS 906 KIM COURT 01/28/05-80076-018 150.00 CITY - ST-ZIP WINTER SPRINGS, FL 32708 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE 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 rue and accurate and that my signature shall have the same legal effect as if made under cath, 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:

CITY-ST-ZIP

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/05 760-148