2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 18, 2005 08:00 AM Secretary of State

DOCUMENT # P01000069006 1. Enlity Name DIAL-A-BABE, INC.			Secretary of State		
Principal Place of Business Mailing Address 14175 ICOT BLVD. #100 14175 ICOT BLVD. #100 CLEARWATER, FL 33760 - CLEARWATER, FL 33760					
DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent				03282005 No Chg-P CR2E034 (10/03) 4. FEI Number	
JOHNSON, DAN 14175 ICOT BLVD. #100 CLEARWATER, FL 33760				IN 7	NOT WRITE 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 remstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees					
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT P JOHNSON, DANIEL P 14175 ICOT BLVD, SUITE 100 CLEARWATER, FL 33760 S REDMOND, JOHN C 14175 ICOT BLVD., SUITE 100 CLEARWATER, FL 33760	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			_ ···		NOT WRITE
NAME STREET ADDRESS CITY+ST-ZIP TITLE NAME				** 4	
STREET ADDRESS CITY-ST-ZIP 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 receiver or trustee embourhed to execute this report as a required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter of the receiver of trustee embourhed its proportion or the receiver or trustee embourhed to execute this report as a required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if					

3/29/05