2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000083828

City-St-Zip:

DAVENPORT, FL 33837

FILED Feb 23, 2005 Secretary of State

Entity Name: UTOPIA PROVIDER SYSTEMS, INC. **Current Principal Place of Business: New Principal Place of Business:** POST OFFICE BOX 693 DAVENPORT, FL 33837 **Current Mailing Address: New Mailing Address:** POST OFFICE BOX 693 DAVENPORT, FL 33837 FEI Number: 59-3752090 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PLUMMER, JOSHUA PLUMMER, JOSHUA 165 SABAL LAKE DRIVE 8549 EAGLES LOOP CIRCLE DAVENPORT, FL 33837 US WINDERMERE, FL 34786 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. SIGNATURE: JOSHUA PLUMMER 02/23/2005 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: CFOP () Delete () Change () Addition MCHALE, MICHAEL Name: Name: 6205 GREATWATER DRIVE Address: Address: City-St-Zip: WINDERMERE, FL 34786 City-St-Zip: Title: Title: () Delete () Change () Addition Name: MCHALE, MICHAEL Name: 6205 GREATWATER DRIVE Address: Address: WINDERMERE, FL 34786 City-St-Zip: City-St-Zip: Title: Title: CVD () Delete CVD (X) Change () Addition PLUMMER, JOSHUA Name: PLUMMER, JOSHUA Name: 165 SABAL LAKE DRIVE 8549 EAGLES LOOP CIRCLE Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

WINDERMERE, FL 34786

VΡ SIGNATURE: JOSHUA PLUMMER 02/23/2005