2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2005
Secretary of State

DOCUMENT# P01000110632

Entity Name: WIDE OPEN SPACES, INC.

Current Principal Place of Business:

1400 OLD DIXIE HWY STE D
ST AUGUSTINE, FL 32084

New Principal Place of Business:

1797 OLD MOULTRIE RD, SUITE 107
ST AUGUSTINE, FL 320844160

Current Mailing Address:

1400 OLD DIXIE HWY STE D
ST AUGUSTINE, FL 32084

New Mailing Address:

1797 OLD MOULTRIE RD, SUITE 107
ST AUGUSTINE, FL 320844160

FEI Number: 59-3757775 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

EBERLING, ROBERT A CPA
1797 OLD MOULTRIE STE 107
SAINT AUGUSTINE, FL 320844160 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DS ( ) Delete
Name: JOSS, CRAIG J
Address: 622 WALNUT LANE
City-St-Zip: HAVERFORD, PA 19041

Title: DP ( ) Delete
Name: KING, RICHARD
Address: 672 SOUTHWICK RD
City-St-Zip: SOMERDALE, NJ 08083

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change ( ) Addition
Name: JOSS, CRAIG J
Address: 401 E FOURTH STREET, BLDG 12B
City-St-Zip: BRIDGEPORT, PA 19405

Title: DP (X) Change ( ) Addition
Name: KING, RICHARD
Address: 401 E FOURTH STREET, BLDG 12B
City-St-Zip: BRIDGEPORT, PA 19405

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.

SIGNATURE: CRAIG JOSS DR 01/20/2005

Electronic Signature of Signing Officer or Director — Date