## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 24, 2005 08:00 AM Secretary of State

| DOCUMENT # P01000120628  1. Entity Name GOING 2 THE TOP, INC.  |  |  |  |  | Secreta                  | ly of State            |
|--|--|--|--|--|--------------------------|------------------------|
| Principal Place<br>15325 N. MA<br>JACKSONVILL  |  | Mailing Address<br>15325 N. MAIN ST.<br>JACKSONVILLE, FL 32218 |  | <u> </u><br>   |                          |                        |
| DO NOT WRITE IN THIS SPACE  6. Name and Address of Current Registered Agent  |  |  |  | 01062005 No Chg-P CR2E034 (10/03)  4. FEI Number Applied For Not Applicable Not Applicable  5. Certificate of Status Desired |                          |                        |
| JACKSON  | ., KEVIN S<br>OR YACHT DR.<br>VILLE, FL 32225  | DO NOT WRITE<br>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 included when reliastable)  DATE   |  |  |  |  |                          |                        |
| FILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  9. Election Campaign Finan Trust Fund Contribution.   |  |  |  | .00 May Be<br>led to Fees  |                          |                        |
| 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP  | OFFICERS AND DIF<br>P<br>MAXWELL, KEVIN S<br>15325 N. MAIN ST.<br>JACKSONVILLE, FL 32218 | RÉCTÓRS  |  |  | U0000018:<br>01/24/05-80 | 9854<br>112-006 150.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE  | V<br>MAXWELL, ANGIE<br>15325 N MAIN ST.<br>JACKSONVILLE, FL 32218                        | -  |  |  |                          |                        |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  |  |  |  | NOT WRI                  |                        |
| NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |  |  |  | IN   | THIS SPAC                | JE.                    |
| NAME STREET ADDRESS CITY-ST-ZIP  |  |  |  |  |                          |                        |
| TITLE NAME STREET ADDRESS CITY -ST - ZIP   |  |  |  | <u> </u>   |                          |                        |
| 12. I hereby certify that the information supplied with this filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR