


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 25, 2005 8:00 am**  
**Secretary of State**

07-25-2005 90095 027 \*\*\*150.00

<b>DOCUMENT #</b> PC2000003223	
1. Entity Name RODNEY M. KERNAN, P. A.	

Principal Place of Business 320 NORTH MAGNOLIA AVENUE SUITE A-10 ORLANDO, FL 32801 US	Mailing Address 320 NORTH MAGNOLIA AVENUE SUITE A-10 ORLANDO, FL 32801 US
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2. Principal Place of Business 1229 KING STREET Suite, Apt. #, etc.	3. Mailing Address PO BOX 459 Suite, Apt. #, etc.
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City & State COCOA FL	City & State COCOA FL
Zip 32926	Zip 32923
Country BREVARD	Country BREVARD

50057151



07182005 Chg-P CR2E034 (10/03)

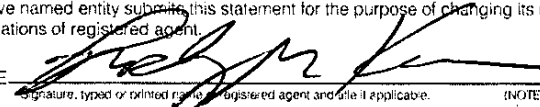
4. FEI Number 02-0544397	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent KERNAN, RODNEY M 320 NORTH MAGNOLIA AVENUE SUITE B-8 ORLANDO, FL 32801	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1229 KING STREET City COCOA FL Zip Code 32926	
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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: 	(NOTE: Registered Agent signature required when reappointing)	DATE
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<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KERNAN, RODNEY M 320 NORTH MAGNOLIA AVENUE, SUITE B-8 ORLANDO, FL 32801 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1229 KING STREET COCOA FL 32926
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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: 	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #
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