


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91412 015 ***150.00

DOCUMENT # P02000004843	
1. Entity Name Euclid Associates Inc.	

DO NOT WRITE IN THIS SPACE

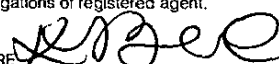
11040136

2. Principal Place of Business 4241 Skydive lane		3. Mailing Address PO Box 1357	
Suite, Apt. #, etc. Suite 23		Suite, Apt. #, etc.	
City & State Zephyrhills, FL		City & State Zephyrhills, FL	
Zip 33542	Country USA	Zip 33539	Country USA

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FET Number Applied for		Applied For <input type="checkbox"/> Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
	7. Name and Address of Current Registered Agent		
	Name Karen L. Blanchette		
Street Address (P.O. Box Number is Not Acceptable) 4241 Skydive lane #23			
City Zephyrhills FL Zip Code 33542			

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.

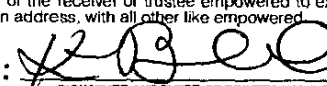
SIGNATURE:  **Karen L. Blanchette**
President
DATE: **4/15/03**

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President (P) Karen L. Blanchette 4241 Skydive lane #23 Zephyrhills, FL 33542	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered

SIGNATURE:  **Karen L. Blanchette**
DATE: **4/15/03** 727-424-0333

CR2E034B (12/02)