2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Jan 12, 2005 08:00 AM DOCUMENT # P02000005267 **Secretary of State** WRITE STUFF WORDS AGENCY, INC Principal Place of Business Mailing Address 3406 POOLSIDE DRIVE 3406 POOLSIDE DRIVE LAKE WORTH, FL 33463 LAKE WORTH, FL 33463 01072005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 30-0020532 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent DO NOT WRITE GIBSON, RODNEY D 3406 POOLSIDE DRIVE LAKE WORTH, FL 33463 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. Signalure, typed or printed name of registered agent and title if applicable (NOTE Registe ed Agent signalure required when reinstaling) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE GIBSON, RODNEY D NAME STREET ADDRESS 3406 POOLSIDE DRIVE LAKE WORTH, FL 33463 CITY-ST ZIP TITLE - 1100000178783 01/12/05-800**4**3-012 150.00 GIBSON, KATHARINE A NAME STREET ADDRESS 3406 POOLSIDE DRIVE CITY-ST ZIP LAKE WORTH, FL 33463 TITLE NAME STREET ADDRESS DO NOT WRITE CITY - ST - ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY ST ZIP TITLE

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:

NAME. STREET ADDRESS CITY-ST ZIP TITLE

STREET ADDRESS CITY-ST-ZIP

THE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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