


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90210 029 ***150.00

DOCUMENT # P02000025933	
1. Entity Name WHATSYOUR OPINION.NET, INCORPORATED	

Principal Place of Business 500 SAVAGE COURT LONGWOOD, FL 32750	Mailing Address 500 SAVAGE COURT LONGWOOD, FL 32750
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14006122



2. Principal Place of Business 6865 S HWY 17/92 Suite, Apt. #, etc.	3. Mailing Address 6865 S HWY 17/92 Suite, Apt. #, etc.
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01062005 Chg-P CR2E034 (10/03)

City & State CASSELBERRY, FL	City & State CASSELBERRY, FL
Zip 32730	Zip 32730
Country USA	Country USA

4. FEI Number 61-2036194 41-2036194	Applied For Not Applicable
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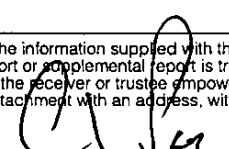
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PETERSON, CHRIS 3290 LORMALL COURT OVIEDO, FL 32765	7. Name and Address of New Registered Agent Name PETERSON, CHRIS Street Address (P.O. Box Number is Not Acceptable) 6865 S. HWY 17/92 City CASSELBERRY FL Zip Code 32730
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, of both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE  President	DATE 4-14-05

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PETERSON, CHRIS 3290 LORDMALL COURT OVIEDO, FL 32765 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PETERSON, CHRIS 6865 S. HWY 17-92 CASSELBERRY, FL 32730 <input checked="" 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
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:  President	DATE 4-14-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	