2005 FOR PROFIT CORPORATION

Apr 28, 2005 08:00 AM Secretary of State **ANNUAL REPORT DOCUMENT # P02000027957** MICHAEL WERTZ, P.A. Principal Place of Business Mailing Address 18119 HERON WALK DRIVE 18119 HERON WALK DRIVE TAMPA, FL 33647 **TAMPA, FL 33647** No Chg-P CR2E034 (10/03) 04072005 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 06-1671029 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE WERTZ, MICHAEL S 18119 HERON WALK DRIVE TAMPA, FL 33647 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. MICHHER WERT PLESIDERS title if applicable (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 000000340022 OFFICERS AND DIRECTORS 10. 04/28/05-80101-007 150.00 TITLE NAME WERTZ, MICHAEL S STREET ADDRESS 18119 HERON WALK DRIVE TAMPA, FL 33647 CITY-ST-ZIP TITLE WERTZ, DEBBY S NAME 18119 HERON WALK DRIVE STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33647 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. Thereby 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 quiter like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

MICHAEL WERTZ

8(3-907-5220

FILED