2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000038835

Entity Name: EYESPIKE CORPORATION

FILED Apr 26, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

RT 27 BOX 865 204 SW KELLICHE GLN LAKE CITY, FL 32004 LAKE CITY, FL 32024

Current Mailing Address: New Mailing Address:

RT 27 BOX 865 PO BOX 3546

LAKE CITY, FL 32004 LAKE CITY, FL 32056

FEI Number: 04-3637376 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FLINT, PHILLIP N
RT 27 BOX 895
LAKE CITY, FL 32024
US

FLINT, PHILLIP N
204 SW KELLICHE GLN
LAKE CITY, FL 32024
US

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.

SIGNATURE: PHILLIP N FLINT 04/26/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition BOATRIGHT, BRIAN K BOATRIGHT, BRIAN K Name: Name: 214 S MARION AVE 275 SW MONTGOMERY DR Address: Address: City-St-Zip: LAKE CITY, FL 32025 City-St-Zip: LAKE CITY, FL 32025

Title: VD () Delete Title: () Change () Addition

 Name:
 HESTON, MICHAEL D
 Name:

 Address:
 195 SW BILLOWING GLENN
 Address:

 City-St-Zip:
 LAKE CITY, FL 32024
 City-St-Zip:

Title: SD () Delete Title: SD (X) Change () Addition

 Name:
 FLINT, PHILLÎP N
 Name:
 FLINT, PHILLÎP N

 Address:
 ROUTE 27 BOX 895
 Address:
 204 SW KELLÎCHE GLN

 City-St-Zip:
 LAKE CITY, FL 32024
 City-St-Zip:
 LAKE CITY, FL 32024

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRIAN K BOATRIGHT P 04/26/2005