2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED -Feb 12, 2005 08:00 AM Secretary of State DOCUMENT # P02000050612 1. Entity Name THOMAS W HIGGINS CONSULTING, INC. Mailing Address Principal Place of Business 101 GLEN CLUB COURT 101 GLEN CLUB COURT **DEBARY, FL 32713** DEBARY, FL 32713 02042005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 02-0599445 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ROBERT C. COHEN, P.A. DO NOT WRITE 301 S. MILWEE ST. LONGWOOD, FL 32750 IN THIS SPACE 3. 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. Signature, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. TITLE NAME HIGGINS, THOMAS 101 GLEN CLUB COURT STREET ADDRESS CITY-ST-ZIP DEBARY, FL 32713 NAME STREET ADDRESS CITY-ST-ZIP TIT! F NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP e information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information it of supplemental reports 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 be 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 12. I hereby certify that indicated on the