2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2005
Secretary of State

DOCUMENT# P02000090192

Entity Name: PAMELA J. LYNCH CPA, PA

Current Principal Place of Business:

PO BOX 1501
STUART, FL 34995

New Principal Place of Business:

PO BOX 1287
ALPHARETTA, GA 30009

Current Mailing Address:

PO BOX 1501
STUART, FL 34995

New Mailing Address:

PO BOX 1287
ALPHARETTA, GA 30009

FEI Number: 03-0478708 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LYNCH, PAMELA J
2440 SE FEDERAL HWY
SUITE F
STUART, FL, FL 34994,US US

Name and Address of New Registered Agent:

LYNCH, PAMELA J
PO BOX 1287
ALPHARETTA, GA, FL 30009 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: PAMELA LYNCH 01/22/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: LYNCH, PAMELA J
Address: 2440 SE FEDERAL HWY SUITE V
City-St-Zip: STUART, FL 34994

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: LYNCH, PAMELA J
Address: PO BOX 1287
City-St-Zip: ALPHARETTA, GA 30009

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: PAMELA LYNCH P 01/22/2005
Electronic Signature of Signing Officer or Director Date