

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Jun 20, 2005
Secretary of State**

DOCUMENT# P02000124117

Entity Name: ALWAYS BY THE NUMBERS, INC.

Current Principal Place of Business:

4633 SOUTH FRIDAY CIRCLE
COCOA, FL 32926

New Principal Place of Business:

217 N. GROVE STREET
MERRITT ISLAND, FL 32953

Current Mailing Address:

4633 SOUTH FRIDAY CIRCLE
COCOA, FL 32926

New Mailing Address:

FEI Number: 42-1560228 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCABE, LORA A
4633 S. FRIDAY CIRCLE
COCOA, FL 32926 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MCCABE, LORA A
Address: 4633 S. FRIDAY CIRCLE
City-St-Zip: COCOA, FL 32926 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP () Change (X) Addition
Name: MCCABE, JOHN R II
Address: 4633 S. FRIDAY CIRCLE
City-St-Zip: COCOA, FL 32926 US

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: LORA A. MCCABE

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06/20/2005

_____ Electronic Signature of Signing Officer or Director

_____ Date