2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000009581

Entity Name: KEVIN HANCOCK, PH.D., INC.

FILED Apr 21, 2004 Secretary of State

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

606 DARK HAMMOCK RD 1728 NORTH DOVE TAIL DRIVE

FT PIERCE, FL 34947 FT PIERCE, FL 34982

Current Mailing Address: New Mailing Address:

606 DARK HAMMOCK RD PO BOX 12463

FT PIERCE, FL 34947 FT PIERCE, FL 34982

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

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

HANCOCK, KEVIN
606 DARK HAMMOCK RD
FT PIERCE, FL 34947

HANCOCK, KEVIN
PO BOX 12463
FT PIERCE, FL 34979

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: KEVIN HANCOCK 04/21/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Name: HANCOCK, KEVIN Name: HANCOCK, KEVIN

Address: 606 DARK HAMMOCK RD Address: 1728 NORTH DOVE TAIL DRIVE City-St-Zip: FT PIERCE, FL 34947 City-St-Zip: FT PIERCE, FL 34982

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: KEVIN HANCOCK DR 04/21/2004

Electronic Signature of Signing Officer or Director

Date