2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000037812 GOA & ASSOCIATES, INC. 05 JAN 21 PM 3:57 SECRETARY OF STATE Principal Place of Business Mailing Address TALLAHASSEE, FLORIDA 1473 S.W. TROON CIRCLE 1473 S.W. TROON CIRCLE PALM BAY, FL 34990 PALM BAY, FL 34990 01132005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0988084 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent COMPLETE BUSINESS SOLUTIONS, INC. DO NOT WRITE 1805 CANOVA STREET SUITE #2 IN THIS SPACE PALM BAY, FL 32909 8. 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 little if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PT TITLE NAME ASH, GARRETT O STREET ADDRESS 1473 S.W. TROON CIRCLE CITY-ST-ZIP PALM BAY, FL 34990 TITLE ASH, JILL G 600045212526 01/24/05--01012--022 **2111.65 1473 S.W. TROON CIRCLE STREET ADORESS CITY-ST-ZIP PALM BAY, FL 34990 NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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 truetee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with air address, with all other like empowered.

SIGNATURE:

TITI F

STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE

STREET ADDRESS CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-05

IN THIS SPACE

Daytime Phone #