2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DI

Jun 20, 2005 08:00 AM Secretary of State DOCUMENT # P03000046127 1. Entity Name RUSTY MCCRARY, INC. Principal Place of Business ...__Mailing Address 7026 BRUNSWICK CIRCLE 7026 BRUNSWICK CIRCLE BOYNTON BEACH, FL 33437 BOYNTON BEACH, FL 33437 3 No Chg-P CR2E034 (10/03) 06112005 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 38-3679459 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE FILINGS, INC. 3732 N.W. 16TH STREET FORT LAUDERDALE, FL 33311 IN THIS SPACE 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. (NOTE, Registered Agent signature required when reinstating) DATE Signature Typed or printed name of registered agent and title if applicable. \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. FILE NOW!!! FEE IS \$150.00 Flection Campaign Financing Trust Fund Contribution. Due by September 7, 2005 Added to Fees OFFICERS AND DIRECTORS 10. PSTD TITLE MCCRARY, RUSTY NAME STREET ADDRESS 7026 BRUNSWICK CIRCLE U00000363685 BOYNTON BEACH, FL 33437 CITY-ST-ZIP 06/20/05-80002-022 150.00 TIME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the 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 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 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 changed, or on an attachment with an address, with all other like empowered.

FILED