


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90553 031 ***150.00

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| DOCUMENT # P03000068383 |  |
| 1. Entity Name 1025 PROCUREMENT GROUP, INC. | |

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| Principal Place of Business 9180 GALLERIA COURT NAPLES, FL 34109 | Mailing Address 9180 GALLERIA COURT NAPLES, FL 34109 |
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| 2. Principal Place of Business 6017 Pine Ridge Rd Suite, Apt. #, etc. # 369 City & State Naples, FL Zip 34119 Country USA | 3. Mailing Address 6017 Pine Ridge Rd Suite, Apt. #, etc. # 369 City & State Naples, FL Zip 34119 Country USA |
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04282005 Chg-P CR2E034 (10/03)

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| 6. Name and Address of Current Registered Agent STEWART, JAMES C JR 9180 GALLERIA COURT NAPLES, FL 34109 | |
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| 7. Name and Address of New Registered Agent Name: Deborah Austin Street Address (P.O. Box Number is Not Acceptable): 207 Silverado Dr City: Naples FL Zip Code: 34119 | |
| 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: <i>Deborah A Austin</i> DATE: 4-20-05 | |

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DPT AUSTIN, DEBORAH A 9180 GALLERIA COURT NAPLES, FL 34109 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | DPT Austin, Deborah A 6017 Pine Ridge Rd # 369 Naples, FL 34119 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VS AUSTIN, JOHN E 9180 GALLERIA CT., #700 NAPLES, FL 34109 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | VS Austin, John E 6017 Pine Ridge Rd # 369 Naples, FL 34119 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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| 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 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. | |
| SIGNATURE: <i>Deborah A Austin</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date: 4-20-05 Daytime Phone #: 239 348 9828 |