

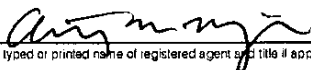



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90198 011 ***150.00

DOCUMENT # P03000072976 1. Entity Name BY THE PLANET, INC.					
Principal Place of Business 1325 NW 52ND AVE GAINESVILLE, FL 32653			Mailing Address 4300 NW 23RD AVENUE SUITE 21 GAINESVILLE, FL 32614		
2. Principal Place of Business 5111 NW 13TH STREET Suite, Apt. #, etc. SUITE A		3. Mailing Address 4300 NW 23RD AVENUE Suite, Apt. #, etc. SUITE 21		14004390 	
City & State GAINESVILLE, FL		City & State GAINESVILLE, FL		4. FEI Number 65-1201630	
Zip 32609		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MUTCH & LEVINE, P.A. 2114 NW 40TH TERRACE SUITE A-1 GAINESVILLE, FL 32605				7. Name and Address of New Registered Agent Name ANTHONY MCKNIGHT Street Address (P.O. Box Number is Not Acceptable) 5111 NW 13TH STREET SUITE A City GAINESVILLE FL Zip Code 32609	
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 <u></u> DATE <u>4-27-2005</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCKNIGHT, ATHONY 2260 NW 47TH ST GAINESVILLE, FL 32605	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCKNIGHT, ROBIN A 2260 NW 47TH ST GAINESVILLE, FL 32605	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
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: <u></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>4-27-2005</u> Daytime Phone # <u>352-367-8600</u>		