2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 25, 2005 08:00 AM Secretary of State

| DOCUMENT # P03000091572 1. Entity Name SQCIAL ASPECTS, INC. | | | Secretary of Stat | |
|--|--|---|-------------------|---|
| 161 RETREA | AT PLACE | lailing Address 161 RETREAT PLACE PONTE VEDRA, FL 32082 | | |
| DO NOT WRITE IN THIS SPAC | | | CE | 01132005 No Chg-P CR2E034 (10/03) 4. FEI Number Applied For 22-2569262 Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required |
| 5. Name and Address of Current Registered Agent STIRRUP, JOSEPH A 518 B-1 SHADY PINE WAY GREENACRES, FL 33415 | | | | DO NOT WRITE 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE 9. Efection Campaign Financing \$5.00 May Be | | | | |
| After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. | | | | 00 May Be ad to Fees |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SWEENEY, SUSAN M 161 RETREAT PLACE PONTE VEDRA BEACH, FL 32082 | CIOHS | | U00000195545 01/26/05-80031-023 150.00 |
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| 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 exclusive 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 tipe empowered. | | | | |