


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 28, 2004 8:00 am
Secretary of State

05-28-2004 90003 009 ***150.00

DOCUMENT # P03000094368	
1. Entity Name MDPAR5, INC.	

Principal Place of Business 16643 ROCKWELL HEIGHTS LANE CLERMONT, FL 34711	Mailing Address 16643 ROCKWELL HEIGHTS LANE CLERMONT, FL 34711
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

03242004 Chg-P CR2E034 (10/03)	
4. FEI Number 45-0522994	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
DELANEY, MICHAEL W 16643 ROCKWELL HEIGHTS LANE CLERMONT, FL 34711	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELANEY, MICHAEL W	NAME	
STREET ADDRESS	16643 ROCKWELL HEIGHTS LANE	STREET ADDRESS	
CITY-ST-ZIP	CLERMONT, FL 34711	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELANEY, PATRICIA A	NAME	
STREET ADDRESS	16643 ROCKWELL HEIGHTS LANE	STREET ADDRESS	
CITY-ST-ZIP	CLERMONT, FL 34711	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 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.	
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SIGNATURE: <u>Patricia A Delaney</u>	Date: <u>5/11/04</u>	Daytime Phone #: <u>3523941341</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		



240 Mohawk Road
Clermont, Florida 34711
352-394-4048
Fax 352-394-3272

Attachment 574055785
Assured Accounting Concepts, Inc.

PO 30000 94368
119 W. Lemon Street
Lady Lake, Florida 32159
352-753-1337
Fax 352-753-9336

May 26, 2004

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: MDPAR5, Inc.
45-0522994

Dear Sir or Madam:

Enclosed please find the 2004 Uniform Business Report for the above referenced taxpayer. Also enclosed please find check #1009 in the amount of \$150.00. Mr. Delaney did not receive the postcard for the filing instructions of the Uniform Business Report and as a new shareholder was unaware of the annual filing.

We kindly request that you waive the filing penalty as this would cause a financial burden on this small corporation.

Very truly yours,

Peggy L. Abraham

PLA/mm
Encs.