2005 FOR PROFIT CORPORATION

CITY-ST-ZIP

SIGNATURE:

Mar 24, 2005 08:00 AM ANNUAL REPORT **Secretary of State** DOCUMENT # P03000095063 1. Entity Name RICHARD V. THOMPSON PA Principal Place of Business Mailing Address 2637 SUGARLOAF LN 2637 SUGARLOAF LN FT LAUDERDALE, FL 33312 FT LAUDERDALE, FL 33312 03172005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 32-0090232 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE THOMPSON, RICHARD V 2637 SUGARLOAF LN FT LAUDERDALE, FL 33312 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE THOMPSON, RICHARD V NAME STREET ADDRESS 2637 SUGARLEAF LANE FORT LAUDERDALE, FL 33312 CITY-ST-ZIP U00000274806 03/24/05-60025-017 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 charged, or on an attachment with an address, with all other like empowered.

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

- 22-05

Daytime Phone #

FILED