-2005 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 29, 2005 08:00 AM Secretary of State DOCUMENT # P03000098826 SHANE VANDERLEELIE & ASSOCIATES P.A. Principal Place of Business Mailing Address 7531 DUNBRIDGE DR 7531 DUNBRIDGE DR ODESSA, FL 33556 ODESSA, FL 33556 01252005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4, FEI Number 20-0209467 Not Applicable \$8.75 Additional Fee Required 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent VANDERLEELIE, SHANE E DO NOT WRITE 7531 DUNBRIDGE DR ODESSA, FL 33556 IN THIS SPACE 3. 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution, _ . After May 1, 2005 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE VANDERLEELIE, SHANE E NAME STREET ADDRESS 7531 DUNBRIDGE DR U00000202872 01/29/05-80006-022 150.00 C!TY-ST-ZIP ODESSA, FL 33556 TITLE NAME VANDERLEELIE, ANNETTE STREET ADDRESS 7531 DUNBRIDGE DR City-ST-ZIP ODESSA, FL 33556 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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;

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINSEE NAME OF SIGNING OFFICER OR DIRECTOR

1/25/05 (813/245-2068

FILED