2005 FOR PROFIT CORPORATION

12. I hereby certify that indicated on this reof the corporation or the changed, or on a

SIGNATURE

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- --- ANNUAL REPORT Jan 28, 2005 08:00 AM DOCUMENT # P03000104785 **Secretary of State** NEIGHBORHOOD ASSOCIATION.COM, INC. Principal Place of Business Mailing Address P.O. BOX 16307 P.O. BOX 16307 TAMPA, FL 33687-6307 US TAMPA, FL 33687-6307 US 01112005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0243485 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent YOUNG, JAMES S JR DO NOT WRITE 7001 TEMPLE TERRACE HWY TAMPA, FL 33687-6307 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 famillar 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 \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME YOUNG, JAMES S JR STREET ADDRESS P.O. BOX 16307 CITY-ST-ZIP TAMPA, FL 336876307 U00000202318 01/28/05-80102-023 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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 port is supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director in the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; find that my name appears in Block 10 or Block 11 if attachment with an address, with all other like empowered.

IND TYPED OR FRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED