1-11-05 01056 024 $50.00

1/21/2005-90048-022-$100.00-$100.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500048073

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000123978

1. Entity Name
ASTROLOGY N PSYCHIC, INC.

Principal Place of Business	Mailing Address
~~1455 CHRIS AVE~~ 519 King Castle Dr ~~DELAND, FL 32724~~ Orange City Fl. 32763	~~1455 CHRIS AVE~~ 519 Kings Castle Dr ~~DELAND, FL 32724~~ Orange City Fl. 32763

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

01\11\05 01056 024 $50.00
01122005 Chg-P CR2E034 (10/03)

4. FEI Number 01-0801520 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
THOMPSON, ELIZABETH A ~~1453 CHRIS AVE~~ ~~DELAND, FL 32724~~ 519 Kings Castle Dr. Orange City, Fl. 32763	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ☐ Delete THOMPSON, ELIZABETH A ~~1455 CHRIS AVE~~ 519 Kings Castle Dr DELAND, FL 32724 ~~Orange City Fl. 32763~~	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ☐ Delete THOMPSON, ELIZABETH A ~~1455 CHRIS AVE~~ 519 Kings Castle Dr. ~~DELAND, FL 32724~~ Orange City Fl. 32763	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V-P ☐ Delete Thompson, Elizabeth A 519 Kings Castle Dr. Orange City Fl. 32763	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T ☐ Delete Thompson, Elizabeth A. 519 Kings Castle Dr. Orange City Fl. 32763	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Elizabeth A Thompson 1-15-05 386-774-2109
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #