2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 27, 2005 08:00 AM Secretary of State **DOCUMENT # P03000133481** 1. Entity Name JOHN PATELLIS, INC. Principal Place of Business Mailing Address 9833 SIR FREDRICK STREET 9833 SIR FREDRICK STREET TAMPA, FL 33637 **TAMPA, FL 33637** 01062005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 55-0851116 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PATELLIS, JOHN M DO NOT WRITE 9833 SIR FREDRICK STREET TAMPA, FL 33637 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. Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) **\$5.00** May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150,00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE PATELLIS, JOHN M NAME 9833 SIR FREDRICK STREET STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33637 UN0000336226 04/27/05-80109-025 150.00 TITLE WILLEY, MARTIN NAME STREET ADDRESS 9833 SIR FREDRICK STREET CITY-ST-ZIP TAMPA, FL 33637 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 12. 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 changed, or on an attachment with an address, with all other like empowered.

FILED

Daytime Phone #