


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91068 047 ***150.00

DOCUMENT # P03000137757	
1. Entity Name ASTROLOGY REPORTS, INC.	

Principal Place of Business 3105 MULBERRY PARK BLVD. TALLAHASSEE, FL 32311	Mailing Address 3105 MULBERRY PARK BLVD. TALLAHASSEE, FL 32311
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2. Principal Place of Business 3105 Mulberry Park Blvd	3. Mailing Address P.O. Box 7357
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Tallahassee FL	City & State Tallahassee FL
Zip 32311	Zip 32314
Country LEON	Country LEON



04292004 Chg-P CR2E034 (10/03)

4. FEI Number 56-241-7080	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent E. ANTHONY SHIELDS 3105 MULBERRY PARK BLVD. TALLAHASSEE, FL 32311	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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: *E. Anthony Shields* DATE: 4/30/04

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, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD E. ANTHONY SHIELDS 3105 MULBERRY PARK BLVD. TALLAHASSEE, FL 32311 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 filers empowered.

SIGNATURE: *E. Anthony Shields* DATE: 4/30/04 DAYTIME PHONE: 850 656-6134

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR