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2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SECRETARY OF STATE **DOCUMENT # P03000150761** TALLAHASSEE, FLORIDA 1. Entity Name PRE-LITIGATION PRACTICES INC. 000034927820 Principal Place of Business Mailing Address 04/30/04--01006--023 **158.75 **7211 CRANE AVENUE 7211 CRANE AVENUE** JACKSONVILLE, FL 32216 JACKSONVILLE, FL 32216 2. Principal Place of Business 3. Mailing Address 1730 Emerson 1730 Emerson St. Suite, Apt. #, etc. Suite, Apt. #, etc 04262004 Chg-P CR2E034 (10/03) 4. FEI Number Applied For City & State City & State Jacksonville Jacksonville FL 910-0134262 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 32207 DUVAL Duvai 3220 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent D. HOBD ELVID HOBDY, ERVIN D Street Address (P.O. Box Number is Not Acceptable) 7211 CRANE AVE #6 JACKSONVILLE, FL 1730 Emerson Zip Code 3220' FL 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) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Addition TITLE Delete TITLE ∠ Change Martin, Tyeca D NAME MARTIN, TYECA D NAME 1730 Emerson St. STREET ADDRESS 7211 CRANE AVE. #6 STREET ADDRESS CITY-ST-ZIP Jacksonville FL 32207 CITY-ST-7IP JACKSONVILLE, FL 32216 TIM F ☐ Delete 7ITI F ☐ Change ■ Addition HOBDY, Ervin D. HOBDY, ERVIN D NAME NAME P.O. BOX 7527 1730 Emerson St STREET ADORESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32216 CITY-ST-ZIP Jacksonville ☐ Delete Addition TITLE NAME MANA STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TETE F ☐ Change Addition 7ITR F NAME NAME STREET ADDRESS STREET ADDRESS CATY-ST-719 CITY-ST-7IP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 cath; 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.