2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 20, 2005 8:00 am Secretary of State **DOCUMENT # P04000012137** 04-20-2005 90366 012 ***150.00 JOHN TODD STEWART, INC. Principal Place of Business Mailing Address 2555 SE LILLY ST. 2555 SE LILLY ST. 50041536 PORT ST LUCIE, FL 34952 PORT ST LUCIE, FL 34952 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03302005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent lodd Stewar STEWART, JOHN TODD Street Address (P.O. Box Number is Not Acceptable) 1550 SE CLEARMONT ST PORT ST LUCIE, FL 34983 ucie 8. The above named entity submits this statement for the purpose of changing its registered office or both, in the State of Florida. the obligations of regist SIGNATURE. Signature, typed or p (NOTE: Registered Apent sign-9. Election Campaign Financing \$5.00 May Be 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TETT) F Delete TITLE Change Todd Stewart. NAME STEWART, JOHN TODD NAME STREET ADDRESS 1550 SE CLEARMONT ST STREET ADDRESS PORT ST LUCIE, FL 34983 CITY-ST-7IP CITY-ST-7/P TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME . Transvi STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-78P TIT1.E Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7tP TITLE TITLE ☐ Delete ☐ Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS 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 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 add SIGNATURE:

FILED