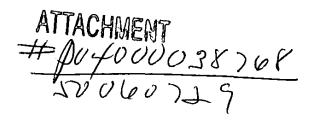
2005 FOR PROFIT CORPORATION ANNUAL REPORT

Aug 09, 2005 8:00 am Secretary of State **DOCUMENT # P04000038768** 1. Entity Name 08-09-2005 90003 019 ***150.00 LYNDA HILLMAN, P.A. Principal Place of Business Mailing Address 1 HERITAGE WAY 1 HERITAGE WAY - VVVIGJ SEWALLS POINT, FL 34996 SEWALLS POINT, FL 34996 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 08032005 Chg-P CR2E034 (10/03) City & State Applied For City & State 4. FEI Number Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HILLMAN, LYNDA Street Address (P.O. Box Number is Not Acceptable) 1 HERITAGE WAY SEWALLS POINT, FL 34996 City 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. corporation did not receive the prior notice. Due by September 7, 2005 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delcte TITLE Change Addition HILLMAN, LYNDA NAME STREET ADDRESS 1 HERITAGE WAY STREET ADDRESS CITY-ST-ZIP SEWALLS POINT, FL 34996 CITY-ST-7IP ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME STREET AODRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delcte TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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 SIGNATURE:

FILED



August 4, 2005

Division of Corporations P.O. Box 6198 Tallahassee, FL 32314-6109

Dear Sirs:

I did not receive the notification of the report and fee due in January, and as a consequence am just now submitting the necessary information.

I now know to look for it next January.

Thank you very much,

Lynda L. Hillman 1 Heritage Way

Sewall's Point, FL 34996