
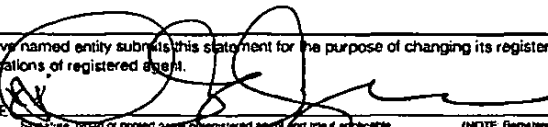
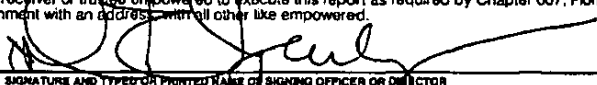


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 27, 2005 8:00 am
Secretary of State

04-29-2005 90269 005 ***150.00

DOCUMENT # P04000059446			
1. Entity Name AMERICAN ADVOCATE, INC.			
Principal Place of Business 535 SOUTH PALM AVENUE SARASOTA, FL 34236		Mailing Address 535 SOUTH PALM AVENUE SARASOTA, FL 34236	
2. Principal Place of Business 601 S. Osprey Ave		3. Mailing Address 601 S. Osprey Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Sarasota FL		City & State Sarasota FL	
Zip 34236		Zip 34236	
Country USA		Country USA	
4. FEI Number 20-2894039		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 GURLEY, DAVID E 535 SOUTH PALM AVENUE SARASOTA, FL 34236		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 601 S. Osprey Avenue City SARASOTA FL Zip 34236	
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 		DATE 4/5/05	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	O GURLEY DRAMIS LAZO, P.A. 535 SOUTH PALM AVENUE SARASOTA, FL 34236 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Gurley & Associates, P.A. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 601 S. Osprey Avenue SARASOTA, FL 34236
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
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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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
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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.			
SIGNATURE: 		DATE 4-26-05 DAYTIME PHONE # 941-315-4501	

66019608



04052005 Chg-P CR2E034 (10/03)