2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 25, 2005 8:00 am Secretary of State **DOCUMENT # P04000071779** 04-25-2005 90290 018 ***150.00 JAYNEANNE BLANKENBURG, P.A. Principal Place of Business Mailing Address 20 MOODY DR 20 MOODY DR PALM COAST, FL 32137 PALM COAST, FL 32137 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03222005 CR2E034 (10/03) Applied For City & State City & State 4. FEI Number Not Applicable Zlp Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Ø Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ALLATIN, ROBERT Street Address (P.O. Box Number is Not Acceptable) 34 WILDWOOD TRAIL ORMOND BCH, FL 32174 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 Synstyre, typed or printed name of registered agent and talle if applicable. (NOTE: Registered Agent signature required when rematating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE ☐ Change ☐ Addition BLANKENBURG, JAYNEANNE NAME NAME 20 MOODY DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM COAST, FL 32137 CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change Contibba NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Chance Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Addition TITLE Detete Change MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 like empowered.

EP DE THECTOR

SIGNATURE!

FILED