2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2005
Secretary of State

DOCUMENT# P04000104661

Entity Name: FLORIDA PROCESSING SUPPORT, INC.

Current Principal Place of Business:

435 CLARK ROAD
SUITE 300
JACKSONVILLE, FL 32218 US

New Principal Place of Business:

435 CLARK ROAD
SUITE 301
JACKSONVILLE, FL 32218 US

Current Mailing Address:

P.O. BOX 26889
JACKSONVILLE, FL 32226

New Mailing Address:

P.O. BOX 54429
JACKSONVILLE, FL 32245 44

FEI Number: 20-1301291 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OSBORNE, DAVID
435 CLARK ROAD
SUITE 300
JACKSONVILLE, FL 32218 US

Name and Address of New Registered Agent:

OSBORNE, DAVID
435 CLARK ROAD
SUITE 301
JACKSONVILLE, FL 32218 US

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.

SIGNATURE: 04/23/2005
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: OSBORNE, DAVID
Address: PO BOX 26889
City-St-Zip: JACKSONVILLE, FL 32226

Title: VP ( ) Delete
Name: STEPHENS, MINDY L
Address: PO BOX 26889
City-St-Zip: JACKSONVILLE, FL 32226

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: OSBORNE, DAVID
Address: PO BOX 54429
City-St-Zip: JACKSONVILLE, FL 32245

Title: VP (X) Change ( ) Addition
Name: STEPHENS, MINDY L
Address: PO BOX 54429
City-St-Zip: JACKSONVILLE, FL 32245

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID OSBORNE P 04/23/2005
Electronic Signature of Signing Officer or Director — Date