

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**


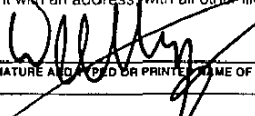
**FILED**  
**Apr 12, 2005 8:00 am**  
**Secretary of State**

04-12-2005 90137 023 \*\*\*150.00

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02032005 Chg-P CR2E034 (10/03)

DOCUMENT # P04000109244					
1. Entity Name MOUNT OLIVE ROAD CORPORATION					
Principal Place of Business 2281 LEE RD STE 204 WINTER PK, FL 32789			Mailing Address 2281 LEE RD STE 204 WINTER PK, FL 32789		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 16-1706126	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
AVERY, DELL 2281 LEE RD STE 204 WINTER PK, FL 32789				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL	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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D	PIETKIEWICZ, STANLEY T		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2281 LEE RD STE 204		NAME	
STREET ADDRESS		WINTER PK, FL 32789		STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE	D	AVERY, DELL		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2281 LEE RD STE 204		NAME	
STREET ADDRESS		WINTER PK, FL 32789		STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE				TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE				TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE				TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 address, with all other like empowered.					
SIGNATURE: 				3-8-05 407-645-1965	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	