2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED DOCUMENT # P04000115754 CLIVE RICHARDSON INC. 05 FEB 11 PM 2: 08 SECRETARY OF STATE Principal Place of Business Mailing Address TALLAHASSEE, FLORIDA 2993 TYRONE BLVD 2993 TYRONE BLVD ST PETERSBURG, FL 33710 ST PETERSBURG, FL 33710 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/03) 01182005 Applied For City & State City & State 4. FEI Number Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent RICHARDSON, CLIVE Street Address (P.O. Box Number is Not Acceptable) 2993 TYRONE BLVD ST PETERSBURG, FL 33710 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 # 1018 ENCLOSED 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. □ Defete TITLE TITLE ☐ Change RICHARDSON, CLIVE NAME NAME STREET ADDRESS 2993 TYRONE BLVD STREET ADDRESS CITY-ST-ZIP ST PETERSBURG, FL 33710 CITY-ST-ZIP TILLE ☐ Defele TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete HITH ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ME ☐ Delete MÆ 600046723G\$***** ☐ Addition NAME NAME 02/17/05--01005--025 **150.00 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-7IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Rorida Statutes. Hurther 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 attactyright with an address with all other like empowered. SIGNATURE: