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May 13, 2005 8:00 am
Secretary of State

04-08-2005 90055 040 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000144042

1. Entity Name
MAINSTREAM PROFESSIONAL SYSTEMS COMPANY

66017001

04012005 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
4054 QUEEN ANN DRIVE ORLANDO, FL 32839	2212 WESTFALL DRIVE ORLANDO, FL 32817

2. Principal Place of Business	3. Mailing Address
4054 Queen Anne Drive	PO Box 678483
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orlando, FL	City & State: Orlando, FL
Zip: 32839 Country: USA	Zip: 32867 Country: USA

4. FEI Number ~~88-04119021~~ 86-1119021 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145

7. Name and Address of New Registered Agent

Name: Alexander O. Rosa
Street Address (P.O. Box Number is Not Acceptable): 4054 Queen Anne Drive
City: Orlando FL Zip Code: 32839

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: Alexander O. Rosa/CEO April 01, 2005
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

10. Officers and Directors		11. Additions/Changes	
TITLE: PD NAME: ROSA, ALEXANDER O STREET ADDRESS: 4054 QUEEN ANN DRIVE CITY-ST-ZIP: ORLANDO, FL 32839	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: VST NAME: ROSA, IVELISSE F STREET ADDRESS: 4054 QUEEN ANN DRIVE CITY-ST-ZIP: ORLANDO, FL 32839	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Alexander O. Rosa — April 1, 2005 — 407-312-0291
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #