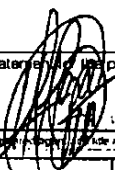
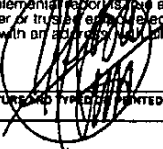


FILED
May 13, 2005 8:00 am
Secretary of State

04-08-2005 90055 040 ***150.00

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P04000144042			
1. Entity Name MAINSTREAM PROFESSIONAL SYSTEMS COMPANY			
Principal Place of Business: 4054 QUEEN ANN DRIVE ORLANDO, FL 32839		Mailing Address: 2212 WESTFALL DRIVE ORLANDO, FL 32817	
2. Principal Place of Business 4054 Queen Anne Drive		3. Mailing Address 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 86-01119021 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 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 DATE April 01, 2005 (NOTE: Registered Agent signature required when reappointing)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing - FEC Trust Fund Contribution: ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ROSA, ALEXANDER O 4054 QUEEN ANN DRIVE ORLANDO, FL 32839 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VST ROSA, IVELISSE F 4054 QUEEN ANN DRIVE 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 of another like empowered.			
SIGNATURE:  Alexander O. Rosa		Date April 1, 2005 407-312-0291 Daytime Phone #	