2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

May 23, 2005 8:00 am Secretary of State DOCUMENT # P04000151709 05-23-2005 90004 045 ***150.00 DUTRO CONSULTING AND INVESTMENTS, INC. Principal Place of Business Mailing Address 8605 FUSSELL DR 8605 FUSSELL DR WESLEY CHAPEL, FL 33544 WESLEY CHAPEL, FL 33544 2. Principal Place of Business 8031 Rogus Place 3. Mailing Address 803 | Rog Suite, Apt. #, etc. 01192005 Chg-P CR2E034 (10/03) City & State 4. FEI Number Applied For Wesley Chapel 59-3787788 Not Applicable \$8.75 Additional 5. Certificate of Status Desired υS Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **DUTRO, DOREEN** Street Address (P.O. Box Number is Not Acceptable) 8605 FUSSELL DR WESLEY CHAPEL, FL 33544. Rogers Place Chapil 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 & applicable. (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PSTD TITLE Delete TITLE NAME DUTRO, DOREEN NAME BO31 Rogers Place Wesley Chapel FL 33544 STREET ADDRESS 8605 FUSSELL DR STREET ADDRESS CITY-ST-ZIP WESLEY CHAPEL, FL 33544 CITY-ST-7P ☐ Delete ■ Addition NAME **DUTRO, DOREEN** BO31 Rogers PL Wesley Chapel, FL 33544 STREET ADDRESS 8605 FUSSELL DR STREET ADDRESS CITY-ST-ZIP WESLEY CHAPEL, FL 33544 CITY-ST-ZP TITLE □ Delete TITLE 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 CTTY-ST-ZIP TTDE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZP ☐ Delete IIILE ☐ Change ■ Addition: NAME NAME STREET ADDRESS STREET ADDRESS 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 attactment with an address, with all other like empowered. 813-907-0478 SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR.

FILED