


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 04, 2005 8:00 am**  
**Secretary of State**

04-04-2005 90098 030 \*\*\*158.75

**DOCUMENT # P17793**

1. Entity Name  
**LOCKWOOD & HOLMES, INC.**



Principal Place of Business      Mailing Address

**IEC**      **IEC**  
**2201 DUPONT DRIVE, SUITE 800**      **2201 DUPONT DRIVE, SUITE 800**  
**IRVINE, CA 92612**      **IRVINE, CA 92612**

**50033820**



2. Principal Place of Business      3. Mailing Address

**3563 Phillips Hwy**      Suite, Apt. #, etc.

**Blase C Ste 300**      Suite, Apt. #, etc.

03162005    Chg-P    CR2E034 (10/03)

City & State      City & State

**Jacksonville, FL**      City & State

Zip      Country      Zip      Country

**32207**      Country      Zip      Country

4. FEI Number      Applied For

**58-1147879**       Not Applicable

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

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6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE, FL 32301**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (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

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DECOURSEY, PATRICK</b>	
STREET ADDRESS	<b>2201 DUPONT DRIVE, #800</b>	
CITY-ST-ZIP	<b>IRVINE, CA 92612</b>	
TITLE	<b>D CFO, Controller Interim</b>	<input type="checkbox"/> Delete
NAME	<b>PAULSON, JANIS Paulene Coen</b>	
STREET ADDRESS	<b>2201 DUPONT DRIVE, #800</b>	
CITY-ST-ZIP	<b>IRVINE, CA 92612</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>DEMBIEC, MYRA</b>	
STREET ADDRESS	<b>2201 DUPONT DRIVE, #800</b>	
CITY-ST-ZIP	<b>IRVINE, CA 92612</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Patrick Decoursey</b>	
STREET ADDRESS	<b>2201 Dupont Drive #800</b>	
CITY-ST-ZIP	<b>Irvine, CA 92612</b>	
TITLE	<b>CFO (Interim)</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Paulene Coen</b>	
STREET ADDRESS	<b>2201 Dupont Drive #800</b>	
CITY-ST-ZIP	<b>Irvine, CA 92612</b>	
TITLE	<b>Secretary</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Howard Demman</b>	
STREET ADDRESS	<b>2201 Dupont Drive #800</b>	
CITY-ST-ZIP	<b>Irvine, CA 92612</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 attachment with an address, with all other like empowered.

SIGNATURE: **Paulene Coen**      Date: **3/18/05**      Daytime Phone #: **949 794 9988**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #