2005 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P93000014338 1. Entity Name 03-21-2005 90092 016 ***150.00 COALESCE, INC. Mailing Address Principal Place of Business 7300 BRYAN DAIRY ROAD 7300 BRYAN DAIRY ROAD 20022935 #450 #450 LARGO, FL 33777 US LARGO, FL 33777 3. Mailing Address 2. Principal Place of Business 2310 TALL PINES DRIVE 2310 TALL PIVES DRIVE Suite, Apt. #, etc. Suite, Apt. #, etc. 03162005 Chg-P CR2E034 (10/03) 220 220 Applied For City & State 4. FEI Number City & State FL LARGO LARDO 65-0390685 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired US US 33771 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROSS, RANDALL D. Street Address (P.O. Box Number is Not Acceptable) 7300 BRYAN DAIRY ROAD #450 #220 2310 TALL PINES DRIVE LARGO, FL 33777 City LARGO 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 Fiorida. I am familiar with, and accept the obligations of registered agent. RANDALL 3-16-05 XML SIGNATURE Signature, typed or printed name of registered agent and title if applicable. 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. PTSD Change TITLE Delete TITLE ☐ Addition NAME ROSS, RANDALL D NAME 2310 TALL PINES DRIVE STREET ADDRESS STREET ADDRESS 7300 BRYAN DAIRY ROAD #450 CITY-ST-ZIP LARGO FL 33771 CITY-ST-ZIP LARGO, FL 33777 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIT! F ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITE F ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP City-St-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

RANDALL D. ROSS

SIGNATURE:

FILED

Mar 21, 2005 8:00 am

727.538.2101

Daytime Phone #