2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Mar 09, 2004 08:00 AM Secretary of State DOCUMENT # P94000057007 1. Entity Name DOING IT RIGHT PUBLICATIONS, INC. Principal Place of Business Mailing Address 305 SW 140TH TERR 305 SW 140TH TERR NEWBERRY, FL 32669 US US NEWBERRY, FL 32669 01092004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 23-2452100 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent DUNWOODY, ALICE DO NOT WRITE 305 SW 140TH TERRACE NEWBERRY, FL 32669 IN THIS SPACE 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. SIGNATURE Signature, typed or primed name of registered agent and title if applicable (NOTE: Bernstered Agent signature required when rejectation) DATE 9. Election Campaign Financing \$5.00 May Be *U00000082369* FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. 03/09/04-80027-**00**8 150.80 OFFICERS AND DIRECTORS 10. PCFO TITLE DUNWOODY, ALICE NAME STREET ADDRESS 13818 NW MILLHOPPER RD. GAINESVILLE, FL 32609 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CTTY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 the empowered.

FILED

Davilme Phone #