2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

FILED Mar 18, 2005 08:00 AM **DOCUMENT # P94000087968 Secretary of State** 1. Entity Name JUSTUS 1ST. INC. Principal Place of Business Mailing Address 18580 EAST COLONIAL DR. 18580 EAST COLONIAL DR. ORLANDO, FL 32820 ORLANDO, FL 32820 No Chg-P CR2E034 (10/03) 03142005 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number NOT APPLICABLE Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent JUSTUS, RICHARD W DO NOT WRITE 18580 EAST COLONIAL DRIVE ORLANDO, FL 32820 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 Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Unonnn267871 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees 03/18/05-80020-015 150.00 OFFICERS AND DIRECTORS 10. TITLE JUSTUS, RICHARD W NAME 18580 E. COLONIAL DRIVE STREET ADDRESS ORLANDO, FL 32820 CITY-ST-ZIP NAME STREET ADDRESS CATY - ST - ZIP me NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS City-St-Zip TITLE NAME STREET ADDRESS CITY-ST-ZIP TITS F NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with his 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 the 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.

NTED NAME OF SIGNING OFFICER OF DIRECTOR

407-568-0019