
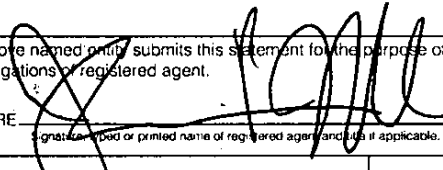
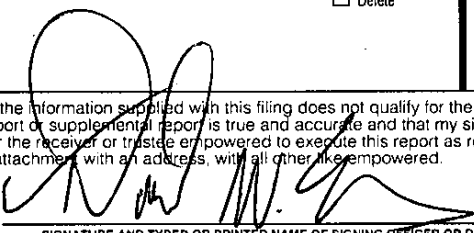


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90973 024 \*\*\*150.00

<b>DOCUMENT # P94000091479</b> 1. Entity Name <b>DAVID W. EVANS, P.A.</b>																																													
Principal Place of Business <b>11080 HIGHLAND CIR BOCA RATON, FL 33428</b>		Mailing Address <b>11080 HIGHLAND CIR BOCA RATON, FL 33428</b>																																											
2. Principal Place of Business <b>2499 GLADES RD</b> Suite, Apt. #, etc. <b>SUITE 305A</b> City & State <b>BOCA RATON FL</b> Zip <b>33431</b> - Country <b>US</b>		3. Mailing Address <b>2499 GLADES RD</b> Suite, Apt. #, etc. <b>SUITE 305A</b> City & State <b>BOCA RATON FL</b> Zip <b>33431</b> - Country <b>US</b>																																											
4. FEI Number <b>65-0541330</b>		Chg-P <b>CR2E034 (10/03)</b> Applied For <input type="checkbox"/> Not Applicable																																											
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required		6. Name and Address of Current Registered Agent <b>EVANS, DAVID W 11080 HIGHLAND CIR BOCA RATON, FL 33428</b>																																											
7. Name and Address of New Registered Agent Name <b>MILLER, JOHN P</b> Street Address (P.O. Box Number is Not Acceptable) <b>2499 GLADES RD</b> <b>SUITE 305</b> City <b>BOCA RATON</b> <b>FL</b> Zip Code <b>33431</b>		8. The above named party 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  <b>JOHN P. MILLER</b> 4/29/05 (NOTE: Registered Agent signature required when reinstating)																																											
<b>FILE NOW!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																																											
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 2px;">           TITLE NAME STREET ADDRESS CITY-ST-ZIP         </td> <td style="width:50%; padding: 2px;">           DP EVANS, DAVID W 22816 MARKHAM WAY BOCA RATON, FL 33428         </td> <td style="width:50%; padding: 2px;"> <input type="checkbox"/> Delete         </td> </tr> <tr><td colspan="3" style="height: 40px;"></td></tr> <tr><td colspan="3" style="height: 40px;"></td></tr> <tr><td colspan="3" style="height: 40px;"></td></tr> <tr><td colspan="3" style="height: 40px;"></td></tr> <tr><td colspan="3" style="height: 40px;"></td></tr> <tr><td colspan="3" style="height: 40px;"></td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP EVANS, DAVID W 22816 MARKHAM WAY BOCA RATON, FL 33428	<input type="checkbox"/> Delete																			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 2px;">           TITLE NAME STREET ADDRESS CITY-ST-ZIP         </td> <td style="width:50%; padding: 2px;">           DP EVANS, DAVID W 4355 LUNGWANT DR CUMMING GA 30040         </td> <td style="width:50%; padding: 2px;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr><td colspan="3" style="height: 40px;"></td></tr> <tr><td colspan="3" style="height: 40px;"></td></tr> <tr><td colspan="3" style="height: 40px;"></td></tr> <tr><td colspan="3" style="height: 40px;"></td></tr> <tr><td colspan="3" style="height: 40px;"></td></tr> <tr><td colspan="3" style="height: 40px;"></td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP EVANS, DAVID W 4355 LUNGWANT DR CUMMING GA 30040	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																		
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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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																													
Date		Daytime Phone #																																											