2004 FOR PROFIT CORPORATION

FILED Apr 16, 2004 8:00 am Secretary of State 04-16-2004 90084 050 ***150.00

ANNUAL REPORT					
DOCUMENT # P95000040935 1. Entity Name TEMPWISE, INC.					

DOCUMENT # P95000 1. Entity Name TEMPWISE, INC.		
Principal Place of Business	Mailing Address	
110 S MAGNOLIA AVE TAMPA, FL 33606	110 S MAGNOLIA AVE TAMPA, FL 33606	
2. Principal Place of Business	3. Mailing Address	

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Principal Plac	Place of Business Mailing Address						94053201					
110 S MAGNOLIA AVE 110 S MAGNOLIA AVE					10366656							
TAMPA, FL 3	33606		I i	TAMPA, FL 33606				ĺ				
2. Principal Place of Business . 3. Mailing Address										13 1 1 1 		
Suite, Apt. #, etc. Suite. Apt. #, etc.							01082004	Chg-P	CR2E	E034 (10/03)		
City & State	& State City & State						4. FEI Number 59-332				oplied For ot Applicable	
Zip		Country		Zip	itry		5. Certificate	of Status Desired		\$8.75 Add Fee Required		
	6. Name	e and Address of Curren	nt Regis	tered Agent		<u> </u>		7. Name and	d Address of New F	Registered	d Agent	
240000					_	Name P	$\bar{\Sigma}_{A}$	chelso	n. Lee			
RACHELS 110 S MAG						Street Addre		-,	er is Not Acceptable	e)	-	
TAMPA, F												<u>`</u>
						City				F	L Zíp Code	е
		ty submits this statement	for the r	purpose of changing its	register	ed office or reg	gistere	ed agent, or bo	oth, in the State of FI	orida. I ar	m familiar with,	and accept
the obligat	tions of regist	tered agent.										
SIGNATURE.											·	<u>.</u>
	Signature, typed	d or printed name of registered age	ent and title	if applicable. (NOTE	E: Registere	ed Agent signature re	equired 1	when reinstating)		DATE		
			ļ	9. Election Campai	ion Finar	ncina	¢5	.00 May Be				
		FEE IS \$150.00 4 Fee will be \$550	0.00	Trust Fund Contr	_			ed to Fees				
10.		OFFICERS AN	ID DIBE	CTORS	11.			ADDITIONS	 CHANGES TO OFF	FICERS AN	AID DIRECTOR	S IN 11
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City-St-Zip	TAMPA, I	FL 33606			CITY	r-ST-ZIP						·
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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)(1), 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.

CITY-ST-ZIP