2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 16, 2005 08:00 AM Secretary of State **DOCUMENT # P95000040935** 1. Entity Name TEMPWISE, INC. Principal Place of Business Mailing Address 110 S MAGNOLIA AVE 110 S MAGNOLIA AVE TAMPA, FL 33606 TAMPA, FL 33606 No Chg-P 01132005 CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3321701 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RACHELSON, LEE DO NOT WRITE 110 S MAGNOLIA AVE TAMPA, FL 33606 IN THIS SPACE 3. 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, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. U00000309886 PD TITLE 04/16/05-80055-018 150.00 NAME RACHELSON, LEE STREET ADDRESS 110 S MAGNOLIA AVE CITY-ST-ZIP TAMPA, FL 33606 TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-SY-ZIP IN THIS SPACE NAME STREET ADDRESS CITY - ST - ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 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

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