


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90275 030 ***150.00

DOCUMENT # P96000011754	
1. Entity Name NANCY BLACK STEWART, P.A.	

Principal Place of Business 1435 E PIEDMONT DR SUITE 201-A TALLAHASSEE, FL 32308 US	Mailing Address 1435 E PIEDMONT DR SUITE 201-A TALLAHASSEE, FL 32308 US
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2. Principal Place of Business 1566 Village Square Blvd. Suite, Apt. #, etc. Suite 2-B	3. Mailing Address 1566 Village Square Blvd. Suite, Apt. #, etc. Suite 2-B
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City & State Tallahassee, FL	City & State Tallahassee, FL
Zip 32309	Country USA
Zip 32309	Country USA

14001671



04252005 Chg-P CR2E034 (10/03)

4. FEI Number 59-3358657	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent STEWART, NANCY BLACK 1435 E PIEDMONT DR SUITE 201-A TALLAHASSEE, FL 32308

7. Name and Address of New Registered Agent	
Name Nancy Black Stewart	
Street Address (P.O. Box Number is Not Acceptable) 1566 Village Square Blvd Suite 2-B	
City Tallahassee	Zip Code FL 32309

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 Nancy Black Stewart	DATE April 25, 2005

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE P	<input type="checkbox"/> Delete
NAME STEWART, NANCY BLACK	
STREET ADDRESS 1435 E PIEDMONT DR SUITE 201-A	
CITY-ST-ZIP TALLAHASSEE, FL 32308	
TITLE 	<input type="checkbox"/> Delete
NAME 	
STREET ADDRESS 	
CITY-ST-ZIP 	
TITLE 	<input type="checkbox"/> Delete
NAME 	
STREET ADDRESS 	
CITY-ST-ZIP 	
TITLE 	<input type="checkbox"/> Delete
NAME 	
STREET ADDRESS 	
CITY-ST-ZIP 	
TITLE 	<input type="checkbox"/> Delete
NAME 	
STREET ADDRESS 	
CITY-ST-ZIP 	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Nancy Black Stewart	
STREET ADDRESS 1566 Village Square Blvd; Suite 2-B	
CITY-ST-ZIP Tallahassee, FL 32309	
TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 	
STREET ADDRESS 	
CITY-ST-ZIP 	
TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 	
STREET ADDRESS 	
CITY-ST-ZIP 	
TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.	
SIGNATURE: Nancy Black Stewart	DATE 4/25/2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Daytime Phone # 850-385-7805