


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2005 8:00 am
Secretary of State

02-17-2005 90026 022 ***150.00

DOCUMENT # P96000013769	
1. Entity Name FAMILY ASSOCIATES, INC.	

Principal Place of Business 101 CHARIN DR NOKOMIS FL 34275	Mailing Address P O BOX 520 OSPREY FL 34229
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50017129



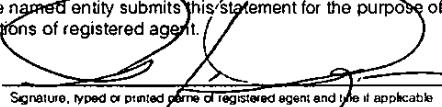
1st MOORE CR2E034 (10/04)

2. Principal Place of Business 101 CHARDIN DR	3. Mailing Address Suite, Apt. #, etc.
City & State NOKOMIS, FL	City & State
Zip 34275	Country USA

4. FEI Number 65-0643379	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 ROWAN, PETER J 2440 N TAMIAMI TR NOKOMIS FL 34275	7. Name and Address of New Registered Agent Name PETER J. ROWAN Street Address (P.O. Box Number is Not Acceptable) 101 CHARDIN DR. City NOKOMIS FL Zip Code 34275
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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 	DATE 2-9-05

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROWAN, ROBERTA S 873 S TAMIAMI TRAIL OSPREY FL 34229	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 101 CHARDIN DR NOKOMIS, FL 34275
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROWAN, PETER J 873 S TAMIAMI TRAIL OSPREY FL 34229	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 101 CHARDIN DR NOKOMIS, FL 34275
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	PETER J. ROWAN	Date 2-9-05	Daytime Phone # 966-5684
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