2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Apr 28, 2005 08:00 AM Secretary of State **DOCUMENT # P96000047805** STACEY J. PLUMMER, P.A. Principal Place of Business Mailing Address 2950 5TH AVENUE 2950 5TH AVENUE ST. PETERSBURG, FL 33713 ST. PETERSBURG, FL 33713 03272005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3394810 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PLUMMER PA, JULIE DO NOT WRITE 3862 CENTRAL AVENUE SAINT PETERSBURG, FL 33711 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FRE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE PLUMMER, STACEY J 2950 5TH AVENUE STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG, FL 33713 TITLE NAME 04/28/05-80024-015 150.00 STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE IIILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME 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 attaching the with an address, with all other like emplowered.

AME OF SIGNING OFFICER ON DIRECTOR

FILED