2005 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Mar 11, 2005 08:00 AM **DOCUMENT # P96000062593 Secretary of State** 1. Entity Name ANNÉ-MARIE L. BOWEN, P.A. Principal Place of Business Mailing Address 1516 E HILLSCREST ST 1516 E HILLCREST ST SUITE 103 SUITE 103 ORLANDO, FL 32803 ORLANDO, FL 32803 US 01042005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3393655 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BOWEN, ANNE-MARIE DO NOT WRITE 1516 E HILLCREST ST **STE 103** IN THIS SPACE ORLANDO, FL 32803 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 inted 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 OFFICERS AND DIRECTORS 10. TITLE BOWEN, ANNE-MARIE L NAME STREET ADDRESS 1516 E HILLSCREST ST SUITE 103 CITY-ST-ZIP ORLANDO, FL 32803 TOTE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE 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 filling 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 it made under oath; that I am an officer or director of the corporation or the receiver of sustee 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

Bowen, as President

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: