2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Mar 23, 2005 8:00 am **Secretary of State** DOCUMENT # P97000008424 1. Entity Name 03-23-2005 90029 031 ***150.00 AARDVARK & ASSOCIATES INC. Principal Place of Business Mailing Address PO BOX 594 9625 CRESCENT ROAD ODESSA FL 33556 ODESSA FL 33556 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/04) 1st MOORE Applied For City & State City & State 4. FEI Number 59-3424205 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MARTINEZ, NANCY Street Address (P.O. Box Number is Not Acceptable) 9625 CRESCENT ROAD ODESSA FL 33556 Zip Code City 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 SIGNATURE (NOTE Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!!) FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. resident ☐ Delete TITLE Addition THILE MARTINEZ, NANCY NAME NAME 9625 CRESCENT ROAD STREET ADDRESS STREET ADDRESS ODESSA FL 33556 CITY-ST-ZIP on, 74 33556 CITY-ST-ZIP (Change ☐ Addition VD. ☐ Delete TITLE MARTINEZ, MICHAEL NAME NAME 9625 CRESCENT ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ODESSA FL 33556 Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHTY-ST-7IP TITLE ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Change ☐ Addition □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

FILED

3/15/05 767 - 470 - 367 4 Daytime Phone #