2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR) DOCUMENT # P97000028369 1. Entity Name

FILED Feb 26, 2005 08:00 AM Secretary of State

| 31. 700 | USTINE SPECIALTY GROU | P, P.A. | | | | |
|---|---|--|--|---|---|--|
| Principal Pla | ce of Business | Mailing Address | | - | | |
| 3100 US 1 S., STE, 3 | | 3100 US 1 S., STE. 3 | | | | |
| ST. AUGUS | STÍNE FL 32086 | ST. AUGUSTINE FL 3 | 2086 | | | |
| 2. Principal | Place of Business | 3. Mailing Address | | | <u> </u> | <u> [644 </u> |
| Suite, Apt. #, etc. | | Suite, Apt #, etc. | | 1st MOORE | CR2E034 (10 |)/04) |
| City & State | | City & State | | 4. FEI Number 59-3435354 Applied For Not Applied For | | |
| Z ip | Country | Zip | Country | 5. Certificate of Status Desired | | 75 Additional Required |
| | 6. Name and Address of Curren | t Registered Agent | | 7. Name and Address of New | | • |
| | ANT ADDALLAN DEITED O | 14000D141014 B 4 | Name | | | |
| 50 | ANT, ABRAHAM, REITER, & NORTH LAURA STREET ST CKSONVILLE FL 32201 | МССОКМІСК, Р.А. Е 2750 | Street Address | (P.O. Box Number is Not Acceptak | bie) | |
| | | | | | | |
| | | | City | | ГL., | Zip Code |
| 8. The above | e named entity submits this statement f tions of registered agent. | or the purpose of changing its | s registered office or registe | ered agent, or both, in the State of F | Florida. I am famil | iar with, and accep |
| | ar in Grand and and and | | | | | |
| | | | | | | |
| SIGNATURE | Signature, typed or printed name of registered agen | t and little if applicable (NOT | TE Registered Agent signature require | ed when rainstating) | DATE | |
| l After | Signeture, typed of printed name of registered agen FILE NOW!!! FEE IS \$150.00 May 1, 2005 Fee Will Be \$550.0 k Payable to Florida Department of | 0 | E Registered Agent signature require | 9. Election Cam Trust Fund Co | paign Financing | \$5.00 May B: |
| l After | Signature, typed or printed name of registered agen FILE NOW!!! FEE IS \$150.00 May 1, 2005 Fee Will Be \$550.0 | 0 of State | E Registered Agent signature require | 9. Election Cam | paign Financing ontribution. | Added to Fees |
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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 drustee 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