2005 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Apr 13, 2005 08:00 AN Secretary of State **DOCUMENT # P97000074988** BAHIA RECEPTIVE SERVICES, INC. Principal Place of Business Mailing Address 10310 GREEN GROVE PLACE P 0 BOX 272442 TAMPA, FL 33624 TAMPA, FL 33688-2442 US 03282005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3472819 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent FINDER, ALLAN E DO NOT WRITE 4706 RANCHWAY CT. TAMPA, FL 33624 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. Lam familiar with, and accept the obligations of registered agent. Signeture, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE N00000300E85 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 04/13/05-80001-019 158.75 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE FINDER, ALLAN NAME STREET ADDRESS 10310 GREEN GROVE PL CITY-ST-7IP TAMPA, FL 33624 150.00 ps. 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP MM F NAME STREET ADDRESS CITY-ST-7IP 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 if made under oath; that I am an officer or director of the corporation or the receiver or trustee exprowered to execute this report as required by Chapter 607. Florida Statutes, and that my name appears in Block 10 or Block 11 if

FILED