


2005 FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000076588		
1. Entity Name 11095 VIKING, INC.		
Principal Place of Business 1801 HERMITAGE BLVD., STE. 600 TALLAHASSEE, FL 32308	Mailing Address 1801 HERMITAGE BLVD., STE. 600 TALLAHASSEE, FL 32308	



01072005 No Chg-P CR2E034 (10/03)

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4. FEI Number 59-3465691	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TODD, DAVID E
 1801 HERMITAGE BLVD., STE. 100
 TALLAHASSEE, FL 32308

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS WEAVER, REGINA 8750 N CENTRAL #800 DALLAS, TX 75231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HORTON, JAMES W 8750 N. CENTRAL EXPRESSWAY DALLAS, TX 75231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVAS SMTIH, JEFFREY 1801 HERMITAGED BLVD#600 TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVAT GRAY, LYNNE M 1801 HERMITAGE BLVD., SUITE 600 TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SMITH, G. ANDREWS 8750 N. CENTRAL EXPRESSWAY, STE. 800 DALLAS, TX 75231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS FARALDO, MARK P 8750 N. CENTRAL EXPRESSWAY, SUITE 800 DALLAS, TX 75231

100000208362
 02/02/05-80015-008 150.00

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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)(f), 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.

SIGNATURE: Mark P. Faraldo Mark P. Faraldo 1/25/05 2149890800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #