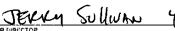
2005 FOR PROFIT CORPORATION

Apr 28, 2005 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # P97000083947 04-28-2005 90192 011 ***158.75 CAFÉ ACCOUNTING & MANAGEMENT COMPANY, INC. Principal Place of Business Mailing Address 14004630 305 N.E. 1ST ST. 305 N.E. 1ST ST. GAINESVILLE, FL 32601 GAINESVILLE, FL 32601 CR2E034 (10/03) 04252005 No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3470473 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent EDINGER, GARY S DO NOT WRITE 305 N.E. 1ST ST. GAINESVILLE, FL 32601 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE_ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE SULLIVAN, JERRY NAME STREET ADDRESS 17035 S.E. CR 234 CITY-ST-ZIP MICANOPY, FL 32667 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS

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 leport 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 a dress, with all other like empewered.

SIGNATURE: __

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP



FILED