

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P98000024205 1. Entity Name CONTACT AMERICA GROUP, INCORPORATED		
Principal Place of Business 3062 PRESTIGE DRIVE CLEARWATER, FL 33759		Mailing Address 3062 PRESTIGE DRIVE CLEARWATER, FL 33759
2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip
6. Name and Address of Current Registered Agent WALDRON, PAMELA C 3062 PRESTIGE DRIVE CLEARWATER, FL 33759		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 the obligation of, the registered agent. SIGNATURE: <i>Pamela Waldron</i> (NOTE: Registered Agent's signature required when reinstating) DATE: <i>4-28-03</i>		
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		10. OFFICERS AND DIRECTORS
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WALDRON, AARON P 1958 LOS LUMAS DR CLEARWATER, FL 33763	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WALDRON, PETER 3062 PRESTIGE DR CLEARWATER, FL 33759	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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SIGNATURE: <i>Pamela Waldron</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: <i>4-28-03</i> 727-669-1488

11029321



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3499641** Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

CR20034 (10/02)