2005 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Apr 01, 2005 08:00 AM Secretary of State DOCUMENT # P98000034664 1. Entity Name FIELDS & FOSTER, P.A. Principal Place of Business Mailing Address THE LOWRY HOUSE THE LOWRY HOUSE 333 SOUTH PLANT AVE 333 SOUTH PLANT AVE TAMPA, FL 33606-2325 ... TAMPA, FL 33606-2325 CR2E034 (10/03) 03212005 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3505282 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FIELDS, ROBERT W DO NOT WRITE 333 SOUTH PLANT AVE TAMPA, FL 33606-2325 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. (NOTE, Registered Apent signature required when roinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PTD TITLE FIELDS, ROBERT W NAME STREET ADDRESS 333 SOUTH PLANT AVE U00000282931 04/01/05-80010-008 150.00 CITY-ST-ZIP TAMPA, FL 336062325 TITLE FOSTER, KRISTINA J NAME 333 S. PLANT AVE. STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33606 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP 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 trusted 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: _

TITLE NAME STREET ADDRESS CITY-ST-ZIP