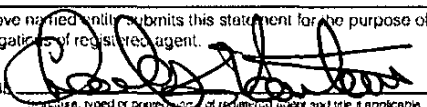
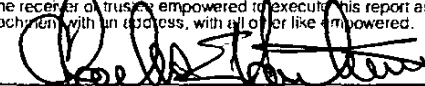


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
05 APR 29 PM 2:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000041433			
1. Entity Name AUVIDA, INC.			
Principal Place of Business 281 PINWOOD DR TALLAHASSEE, FL 32303		Mailing Address 281 PINWOOD DR TALLAHASSEE, FL 32303	
2. Principal Place of Business 232 E. 5th Ave Suite, Apt. #, etc.		3. Mailing Address 232 E. 5th Ave Suite, Apt. #, etc.	
City & State Tallahassee, FL		City & State Tallahassee, FL	
Zip 32303		Country USA	
4. FEI Number 59-3523100		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VANTURE, CHARLES E 281 PINWOOD DR TALLAHASSEE, FL 32303		7. Name and Address of New Registered Agent Name: Charles E. Vanture Street Address (P.O. Box Number is Not Acceptable): 232 E. 5th Ave City: Tallahassee, FL Zip Code: 32303	
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:  Charles E. Vanture 4/29/05 (NOTE: Registered Agent signature required when re-registering)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP VANTURE, CHARLES E 281 PINWOOD DR TALLAHASSEE, FL 32303 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 232 E. 5th Ave Tallahassee, FL 32303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST COBURN, L. MARIE 281 PINWOOD DR TALLAHASSEE, FL 32303 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 232 E. 5th Ave Tallahassee, FL 32303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 80005401998 05/06/05--01075--020 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 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:  Charles E. Vanture 4/29/05 850-224-7758 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			