

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000069383

FILED
Apr 19, 2005
Secretary of State

Entity Name: GARY OWEN INFO SERVICES, INC.

Current Principal Place of Business:

CORPAMERICA, INC.
1525 S. ANDREWS AVE STE. 216
FT. LAUDERDALE, FL 33316

New Principal Place of Business:

2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331

Current Mailing Address:

408 WILLOW STONE WAY
LOUISVILLE, KY 40223

New Mailing Address:

FEI Number: 59-3532535

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPAMERICA, INC.
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

NRAI SERVICES, INC
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 US

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.

SIGNATURE: IRENE F. LOVETT

04/19/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: OWEN, GARY C
Address: 408 WILLOW STONE WAY
City-St-Zip: LOUISVILLE, KY 40223

Title: VPD () Delete
Name: OWEN, CAROLYN A
Address: 408 WILLOW STONE WAY
City-St-Zip: LOUISVILLE, KY 40223

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY C. OWEN

PD

04/19/2005

Electronic Signature of Signing Officer or Director

Date