2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

FILED Mar 31, 2005 8:00 am **DOCUMENT # P98000095579 Secretary of State** 1. Entity Name DON TRASK, INC. 03-31-2005 90038 043 ***150.00 Principal Place of Business Mailing Address 3963 EDGEWOOD AVE. 3963 EDGEWOOD AVE. FT. MYERS, FL 33916 FT. MYERS, FL 33916 03272005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0898971 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent TRASK, DON DO_NOT_WRITE ___ 3963:EDGEWOOD:AVE----FT. MYERS, FL 33916 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 Agent signature required when reinstating) 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. 4 PRESIDENT TITLE - ---TRASK, DON NAME STREET ADDRESS 3963 EDGEWOOD AVE. CITY-ST-ZIP FT. MYERS, FL 33916 TITLE-NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP NĂMF STREET ADDRESS CITY-ST-ZIP. : 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 eath; 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 chapted, or on a patachropet with an address, with all other life empowered.