


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90267 018 ***150.00

DOCUMENT # P99000006760	
1. Entity Name BECKY M. EMBRY, P.A.	

Principal Place of Business 701 S. ATLANTIC AVE., UNIT 614 DAYTONA BEACH, FL 32118	Mailing Address P.O. BOX 928 DAYTONA BEACH, FL 32115
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2. Principal Place of Business 115 DEEP WOODS WAY Suite, Apt. #, etc.	3. Mailing Address 115 DEEP WOODS WAY Suite, Apt. #, etc.
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City & State ORMOND BEACH FI	City & State ORMONO BEACH FI.
Zip 32174	Country US
Zip 32174	Country US

14010183

04262005 Chg-P CR2E034 (10/03)

4. FEI Number 59-3557566	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent EMBRY, BECKY M 701 S. ATLANTIC AVE., UNIT 614 DAYTONA BEACH, FL 32118	7. Name and Address of New Registered Agent Name <u>BECKY M. EMBRY</u> Street Address (P.O. Box Number is Not Acceptable) <u>115 DEEP WOODS WAY</u> City <u>ORMOND BEACH</u> FL Zip Code <u>32174</u>
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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 Becky M Embry DATE 4/24/05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EMBRY, BECKY M 701 S. ATLANTIC AVE., UNIT 614 DAYTONA BEACH, FL 32118 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BECKY M. EMBRY P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 115 DEEP WOODS WAY ORMONO BEACH FI 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Becky M. Embry DATE 4/24/05 386-931-2793

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR