2005 FOR PROFIT CORPORATION

FILED **ANNUAL REPORT** Mar 12, 2005 08:00 AM Secretary of State **DOCUMENT # P99000031464** 1. Entity Name IHS OF FLORIDA NO. 10, INC. Principal Place of Business __ Mailing Address 910 RIDGEBROOK ROAD 910 RIDGEBROOK ROAD SPARKS GLENCOE, MD 21152 SPARKS GLENCOE, MD 21152 03022005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 52-2165522 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent NATIONAL CORPORATE RESEARCH, LTD., INC. DO NOT WRITE 103 N. MERIDIAN STREET TALLAHASSEE, FL 32301-0000 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. SIGNATURE. Signature, typod or printed name of repistered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees U000000260987 10. OFFICERS AND DIRECTORS TITLE GRUNSTIEN, HARRY NAME STREET ADDRESS 920 RIDGEBROOK RD. SPARKS, MD 21152 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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 TITLE NAME 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)(7), 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 expowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR