2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 26, 2004 8:00 am Secretary of State **DOCUMENT # P99000034282** 04-26-2004 91027 016 ***150 00 1. Entity Name JANICE SCINTO DIROSE, P.A. Principal Place of Business Mailing Address 321 MEADOW BROOK COURT 321 MEADOW BROOK COURT OLDSMAR, FL 34677 OLDSMAR, FL 34677 CR2E034 (10/03) 04202004 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0911506 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DIROSE, JANICE'S DO NOT WRITE 321 MEADOW BROOK CT OLDSMAR, FL 34677 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, typed or printed name of registered agent and title if applicable ? ..(NOTE: Registered Agent signature required when reinstating) DATE to 11 Day again alter oscienta e minoriale de la compania del compania de la compania de la compania del compania de la compania del compania de la compania del compania FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing 7 4 Di \$5.00 May Be Added to Fees Trust Fund Contribution. OFFICERS AND DIRECTORS 10. TITLE NAME DIROSE, JANICE S STREET ADDRESS 321 MEADOW BROOK CT CITY-ST-ZIP OLDSMAR, FL 34677 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

12. I hereby certify that the information supplied with this filling 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. 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. I further certify that the information indicated in 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. I further certify that the information indicated on the supplemental report is true and the supplemental report is JAMICES. DIROSE, PRESIDEN

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS

FILED