2005 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 14, 2005 08:00 AM Secretary of State DOCUMENT # P99000048816 P. O'BRIEN & ASSOCIATES, INC. Principal Place of Business Mailing Address 3930 S. NINE DR. 3930 S. NINE DR. VALRICO, FL 33594 VALRICO, FL 33594 03302005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3581140 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent O'BRIEN, PATRICK DO NOT WRITE 3930 S. NINE DR. VALRICO, FL 33594 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 Agant signature regulred when reinstaling) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. CFO TITLE O'BRIEN, PATRICK NAME STREET ADDRESS 3930 S 9 DRIVE EITY-ST-ZIP VALRICO, FL 33594 TITLE SANDROCK, LYNNETTE NAME STREET ADDRESS 3930 S 9 DRIVE CITY-ST-7IP VALRICO, FL 33594 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE 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 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 truetee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment

FILED