2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jan 28, 2005 8:00 am Secretary of State DOCUMENT # P99000061181 1. Entity Name 01-28-2005 90038 041 ***158.75 IPLACEMENT, INC. Principal Place of Business Mailing Address PO BOX 533958 1516 E. COLONIAL DRIVE ULCEUUVA ORLANDO FL 32853-3958 ORLANDO FL 32803 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) Applied For 4. FEI Number City & State City & State 59-3585816 Not Applicable Country 7ip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent A.G.C. CO. Box Number is Not Acceptable) 200 SOUTH ORANGE AVENUE **SUITE 2300** ORLANDO FL 32801 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. Randolph D. Davis, Chairman title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE Detete TITLE Douglas Doudney 1443 Buckwood Daive NUXOL, DAVID E NAME NAME 793 BROAD OAK LP STREET ADDRESS STREET ADDRESS SANFORD FL 32771 CITY-ST-ZIP CITY-ST-7IP CD TITLE ☐ Change **✓** Addition TITLE ☐ Defete Judy D. Fontenet 207 Magnelin Lake DR. Longwood, FL DAVIS, RANDOLPH NAME NAME 978 LAS FLORES WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32804 CITY-ST-7IP TITLE ☐ Addition TITLE ☐ Delete BALL, SHARON NAME NAME STREET ADDRESS STREET ADDRESS 363 E LAKE SUÉ AVE CITY_ST-ZIP --WINTER PARK FL 32789 CITY-ST-7IP ☐ Change TITLE ☐ Delete TITLE Addition COOKE, WILLIAM J NAME NAME 1257 WELLINTON TERRACE STREET ADDRESS STREET ADDRESS MAITLAND FL 32751 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE RILEY, JOHN A NAME NAME 4090 SCARCET IRIS PLACE STREET ADDRESS STREET ADDRESS WINTER ARK Ft 32792 CITY-ST-ZIP CITY-ST-7iP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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; and that my name appears in Block 10 or Block 11 if

Randolph D. Davis

FILED