


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

<b>DOCUMENT # P99000081047</b> 1. Entity Name <b>EDWARD W. TUPLING &amp; ASSOCIATES, INC.</b>	
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FILED  
 04 JUN 10 AM 10:18  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business <b>500 THREE ISLANDS BLVD.                  317                  HALLANDALE FL 33009</b>	Mailing Address <b>500 THREE ISLANDS BLVD.                  317                  HALLANDALE FL 33009</b>
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MOORE CR2E034 (4/04)

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address <i>509 Stormason Drive</i> Suite, Apt. #, etc.
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City & State <i>Gaithersburg MD</i>	4. FEI Number <b>65-0959815</b>
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Applied For <input type="checkbox"/> Not Applicable
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Zip <i>20878</i>	Country <i>US</i>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent  <b>TUPLING, EDWARD W                  500 THREE ISLANDS BLVD.                  317                  HALLANDALE FL 33009</b>
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00**  
**DUE BY September 8, 2004**  
**Make Check Payable to Florida Department of State**

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00.

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE	<input checked="" type="checkbox"/> P <input type="checkbox"/> Delete <b>TUPLING, EDWARD W</b>
NAME	<b>TUPLING, EDWARD W</b>
STREET ADDRESS	<b>500 THREE ISLANDS BLVD. #317</b>
CITY-ST-ZIP	<b>HALLANDALE FL 33009</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(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:** *Edward W. Tupling* **Edward W. Tupling** *June 5, 2004* (301) 963-8058  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #