2005 FOR PROFIT CORPORATION

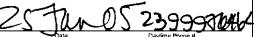
Jan 28, 2005 08:00 AM **ANNUAL REPORT Secretary of State** DOCUMENT # S40198 1. Entity Name NORMA HAND BRILL, P.A. Principal Place of Business Mailing Address 164 PONDELLA 164 PONDELLA NORTH FT MYERS, FL 33903 NORTH FT MYERS, FL 33903 US 01142005 CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0252750 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HAND BRILL, NORMA DO NOT WRITE 164 PONDELLA RD NO FT MYERS, FL 33903 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE U00000201553 BRILL, NORMA HAND 01/28/05-80071-011 150.00 164 PONDELLA STREET ADDRESS CITY-ST-ZIP NO FT MYERS, FL 33903 NAME STREET ADDRESS City-St-7IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY - ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP 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

SIGNATURE:

TITLE

STREET ADDRESS



FILED