2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Feb 14, 2005 08:00 AM **Secretary of State** DOCUMENT # S42785 1. Entity Name CAROL LODER PA Principal Place of Business Mailing Address 901 REEF POINT CIRCLE 901 REEF POINT CIRCLE #10 #10 NAPLES, FL 34108 US_ NAPLES, FL 33963 DO NOT WRITE IN THIS SPACE 01132005 No Chg-P CR2E034 (10/03) 4. FEI Number Applied For 65-0253611 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent LODER, CAROL DO NOT WRITE 901 REEF POINT CIRCLE #10 IN THIS SPACE NAPLES, FL 34108 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstaling) UNO000229224 02/14/05-80078-017 150.00 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10, PVST TITLE LODER, CAROL NAME STREET ADDRESS 901 REEF POINT CIRCLE, #10 CITY - ST - ZIP NAPLES, FL 34108 TITLE NAME STREET ADDRESS CITY-ST-2IP 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 NAMÉ 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; 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.

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Davime Phone #