2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S55116

FILED Apr 23, 2005 Secretary of State

Name and Address of Current Registered Agent: CHAMBERS, LINDA 2504 N MAIN ST JACKSONVILLE, FL 32206 US The above named entity submits this statement for the purpose of changing its registered office or registered agin the State of Florida. SIGNATURE: LINDA CHAMBERS Electronic Signature of Registered Agent Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AN Name: CHAMBERS, LINDA Address: 2504 N MAIN ST Address: 2504 N MAIN ST City-St-Zip: JACKSONVILLE, FL Title: V () Delete Title: () Change () Addition Name: CHAMBERS, JAY Title: () Change () Addition Name: () Change () Addition				
Current Mailing Address: 2504 N. MAIN JACKSONVILLE, FL 322063757 US FEI Number: 59-3070019 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status I Name and Address of Current Registered Agent: Name and Address of New Registered Ag CHAMBERS, LINDAI 2504 N MAIN ST JACKSONVILLE, FL 32206 US The above named entity submits this statement for the purpose of changing its registered office or registered ag in the State of Florida. SIGNATURE: LINDA CHAMBERS Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AN Title: DP () Delete Name: CHAMBERS, LINDA Address: 2504 N MAIN ST Address: City-St-Zip: JACKSONVILLE, FL Title: V () Delete Title: () Change () Addition Name: CHAMBERS, JAY Name:	Current Princip	oal Place of Business:	New Principal Place of Business:	
2504 N. MAIN JACKSONVILLE, FL 322063757 US FEI Number: 59-3070019 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status I Name and Address of Current Registered Agent: Name and Address of New Registered Ag CHAMBERS, LINDAI 2504 N MAIN ST JACKSONVILLE, FL 32206 US The above named entity submits this statement for the purpose of changing its registered office or registered ag in the State of Florida. SIGNATURE: LINDA CHAMBERS 04/23/2005 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AN Title: DP () Delete Name: CHAMBERS, LINDA Address: 2504 N MAIN ST City-St-Zip: JACKSONVILLE, FL Title: V () Delete Name: CHAMBERS, JAY Name: () Change () Addition Name: CHAMBERS, JAY Title: () Change () Addition Name: () Change () Addition		;, FL 322063757 US		
FEI Number: 59-3070019 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status I Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CHAMBERS, LINDA 2504 N MAIN ST JACKSONVILLE, FL 32206 US The above named entity submits this statement for the purpose of changing its registered office or registered agent in the State of Florida. SIGNATURE: LINDA CHAMBERS LINDA CHAMBERS Date Electronic Signature of Registered Agent Date Electronic Signature of Registered Agent Date Electronic Signature of Registered Agent Title: DP () Delete Title: () Change () Addition Name: Address: 2504 N MAIN ST Address: City-St-Zip: JACKSONVILLE, FL Title: V () Delete Title: () Change () Addition Name: CHAMBERS, JAY Name: () Change () Addition	Current Mailing	J Address:	New Mailing Address:	
Name and Address of Current Registered Agent: CHAMBERS, LINDAI 2504 N MAIN ST 25		., FL 322063757 US		
CHAMBERS, LINDA 2504 N MAIN ST JACKSONVILLE, FL 32206 US The above named entity submits this statement for the purpose of changing its registered office or registered as in the State of Florida. SIGNATURE: LINDA CHAMBERS Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AN Name: Address: 2504 N MAIN ST City-St-Zip: JACKSONVILLE, FL Title: V () Delete Title: () Change () Addition Name: CHAMBERS, LINDA Address: 2504 N MAIN ST City-St-Zip: JACKSONVILLE, FL Title: V () Delete Title: () Change () Addition Name: CHAMBERS, JAY Name: () Change () Addition	FEI Number: 59-30	70019 FEI Number Applied Fo	or () FEI Number Not Applicable () Certificate of Status Desired ()	
2504 N MAIN ST JACKSONVILLE, FL 32206 US The above named entity submits this statement for the purpose of changing its registered office or registered at in the State of Florida. SIGNATURE: LINDA CHAMBERS Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AN Title: DP () Delete Name: CHAMBERS, LINDA Address: 2504 N MAIN ST City-St-Zip: JACKSONVILLE, FL Title: V () Delete Title: () Change () Addition Name: () Change () Addition	Name and Add	ress of Current Registered Ag	gent: Name and Address of New Registered Agent:	
in the State of Florida. SIGNATURE: LINDA CHAMBERS 04/23/2005 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AN Title: DP () Delete Title: () Change () Addition Name: CHAMBERS, LINDA Name: Address: 2504 N MAIN ST Address: City-St-Zip: JACKSONVILLE, FL Title: V () Delete Title: () Change () Addition Name: CHAMBERS, JAY Title: V () Delete Title: () Change () Addition Name: CHAMBERS, JAY	2504 N MAIN ST	-	2504 N MAIN ST	
Electronic Signature of Registered Agent Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AN Title: DP () Delete Title: () Change () Addition Name: CHAMBERS, LINDA Address: 2504 N MAIN ST City-St-Zip: JACKSONVILLE, FL Title: V () Delete Title: () Change () Addition Name: CHAMBERS, JAY Title: () Change () Addition Name:				
Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AN Title: DP () Delete Name: CHAMBERS, LINDA Address: 2504 N MAIN ST City-St-Zip: JACKSONVILLE, FL Title: V () Delete Title: Name: CHAMBERS, JAY Title: Name: CHAMBERS, JAY ADDITIONS/CHANGES TO OFFICERS AN Title: () Change () Addition Name:			for the purpose of changing its registered office or registered agent, or both,	;
Title: DP () Delete Title: () Change () Addition Name: CHAMBERS, LINDA Name: Address: 2504 N MAIN ST Address: City-St-Zip: JACKSONVILLE, FL City-St-Zip: Title: V () Delete Title: () Change () Addition Name: CHAMBERS, JAY Name:	in the State of FI	orida. ´ INDA CHAMBERS	04/23/2005	,
Name: CHAMBERS, LINDA Name: Address: 2504 N MAIN ST Address: City-St-Zip: JACKSONVILLE, FL City-St-Zip: Title: V () Delete Title: () Change () Addition Name: CHAMBERS, JAY Name:	in the State of FI SIGNATURE: L	orida. ^ INDA CHAMBERS Electronic Signature of Registe	04/23/2005 ered Agent Date	,
Name: CHAMBERS, JAY Name:	in the State of FI SIGNATURE: L Election Campaign	orida. INDA CHAMBERS Electronic Signature of Registe Financing Trust Fund Contribution	04/23/2005 ered Agent Date	•
City-St-Zip: JACKSONVILLE, FL 32206 City-St-Zip:	in the State of FI SIGNATURE: _L Election Campaign OFFICERS AND Title: DP Name: CHAI Address: 2504	orida. INDA CHAMBERS Electronic Signature of Register Financing Trust Fund Contribution DIRECTORS: () Delete MBERS, LINDA N MAIN ST	O4/23/2005 ered Agent (). ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR Title: Name: Address:	•
Title: V () Delete Title: () Change () Addition Name: DAVIS, TRAVIS Name: Address: 2504 N MAIN ST Address: City-St-Zip: JACKSONVILLE, FL 32206 City-St-Zip:	in the State of FI SIGNATURE: L Election Campaign OFFICERS AND Title: DP Name: CHAI Address: 2504 City-St-Zip: JACK Title: V Name: CHAI Address: 2504	orida. LINDA CHAMBERS Electronic Signature of Register Financing Trust Fund Contribution D DIRECTORS: () Delete MBERS, LINDA N MAIN ST KSONVILLE, FL () Delete MBERS, JAY N MAIN ST	O4/23/2005 Pered Agent Date (). ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address: Address:	•

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDA CHAMBERS **PRES** 04/23/2005