2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S64002

FILED Jan 11, 2005 Secretary of State

Entity Name: HIRST INVESTMENT MANAGEMENT INC.

Current Principal Place of Business: New Principal Place of Business: PO BOX 616606 100 COLONIAL CENTER PKWY ORLANDO, FL 32861 STE 140 US LAKE MARY, FL 32746 **Current Mailing Address: New Mailing Address:** P. O. BOX 616606 ORLANDO, FL 328616606 US FEI Number: 59-3079260 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LEFKOWITZ, IVAN M ESQUIRE 430 NORTH MILLS AVE SUITE 101 ORLANDO, FL 32803 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition SHUMAKER, MELINDA M Name: Name: 100 COLONIAL CENTER PKWY, STE 140 Address: Address: City-St-Zip: LAKE MARY, FL 32746 US City-St-Zip: () Delete Title: CIO Title: () Change () Addition Name: SIMMONS, RICK E Name: 100 COLONIAL CENTER PKWY, STE 140 Address: Address: LAKE MARY, FL 32746 US City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition MCKINLAY, SHIRA PA Name: Name: 100 COLONIAL CENTER PKWY, STE 140 Address: Address: City-St-Zip: LAKE MARY, FL 32746 US City-St-Zip: Title: () Delete Title: CEO () Change (X) Addition HIRST, GARY T Name: Name: Address: Address: 100 COLONIAL CENTER PKWY, STE 140 City-St-Zip: City-St-Zip: LAKE MARY, FL 32746

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: MELINDA SHUMAKER COO 01/11/2005