

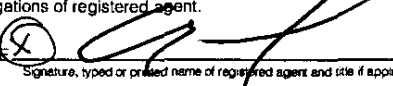
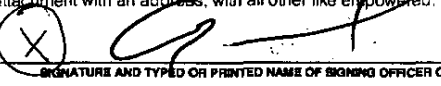


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90076 015 ***150.00

DOCUMENT # S83042 1. Entity Name TARGET SURVEYING INC.																																															
Principal Place of Business 2000 NORTH FLORIDA MANGO RD., #202 WEST PALM BEACH, FL 33409 US				Mailing Address 2000 NORTH FLORIDA MANGO RD., #202 WEST PALM BEACH, FL 33409 US																																											
2. Principal Place of Business 2500 Metrocentre Blvd		3. Mailing Address 2500 Metrocentre Blvd																																													
Suite, Apt. #, etc. 8		Suite, Apt. #, etc. 8		01162004 Chg-P CR2E034 (10/03)																																											
City & State West Palm Beach, FL		City & State West Palm Beach FL		4. FEI Number 65-0285891																																											
Zip 33407		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																											
6. Name and Address of Current Registered Agent MCNEAL, CLYDE 2000 NORTH FLORIDA MANGO RD., #202 WEST PALM BEACH, FL 33409				7. Name and Address of New Registered Agent Name Clyde McNeal Street Address (P.O. Box Number is Not Acceptable) 2500 Metrocentre Blvd #8 City West Palm Beach FL Zip Code 33407																																											
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 \$150.00 After May 1, 2004 Fee will be \$350.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																												
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:40%;"> PD MCNEAL, CLYDE 2000 NORTH FLORIDA MANGO RD., #202 WEST PALM BEACH, FL 33409 </td> <td style="width:30%; text-align: right;"> <input type="checkbox"/> Delete </td> </tr> <tr><td colspan="3" style="height: 40px;"> </td></tr> <tr><td colspan="3" style="height: 40px;"> </td></tr> <tr><td colspan="3" style="height: 40px;"> </td></tr> <tr><td colspan="3" style="height: 40px;"> </td></tr> <tr><td colspan="3" style="height: 40px;"> </td></tr> <tr><td colspan="3" style="height: 40px;"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCNEAL, CLYDE 2000 NORTH FLORIDA MANGO RD., #202 WEST PALM BEACH, FL 33409	<input type="checkbox"/> Delete																			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:40%;"> PD Clyde McNeal 2500 Metrocentre Blvd #8 West Palm Bch FL 33407 </td> <td style="width:30%; text-align: right;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr><td colspan="3" style="height: 40px;"> </td></tr> <tr><td colspan="3" style="height: 40px;"> </td></tr> <tr><td colspan="3" style="height: 40px;"> </td></tr> <tr><td colspan="3" style="height: 40px;"> </td></tr> <tr><td colspan="3" style="height: 40px;"> </td></tr> <tr><td colspan="3" style="height: 40px;"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Clyde McNeal 2500 Metrocentre Blvd #8 West Palm Bch FL 33407	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:  Clyde McNeal 1/16/04 561-640-4800 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																															