2005 FOR PROFIT CORPORATION FILED ANNUAL REPORT Apr 06, 2005 08:00 AM Secretary of State **DOCUMENT # S99870** 1. Entity Name DONNA A. ROBERTS, P.A. Principal Place of Business Mailing Address 2203 16TH ST., N. 7974 SAILBOAT KEY BLVD. STE. A #608 ST. PETERSBURG, FL 33704 SOUTH PASADENA, FL 33707 CR2E034 (10/03) 02112005 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3107946 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ROBERTS, DONNA A. DO NOT WRITE 7974 SAILBOAT KEY BLVD. #608 IN THIS SPACE SOUTH PASADENA, FL 33707 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 Florkda. 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 reinstating) DATE 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. DPST TITLE NAME ROBERTS, DONNA A. STREET ADDRESS 7974 SAILBOAT KEY BLVD. CITY-ST-ZIP SOUTH PASADENA, FL TITLE NAME STREET ADDRESS CITY-SY-7IP TITLE 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 NAME

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.

SIGNATURE

STREET ADDRESS CITY-ST-ZIP

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(1) 4-3-05-

Daytime Phone #