2005 FOR PROFIT CORPORATION ANNUAL REPORT FILED Jan 18, 2005 08:00 AM Secretary of State DOCUMENT # V29297 PAT MOZDEN & COMPANY, INC. Principal Place of Business Mailing Address 140 SOUTH BEACH STREET 140 SOUTH BEACH STREET SUITE 204 SUITE 204 DAYTONA BEACH, FL 32114-4409 DAYTONA BEACH, FL 32114-4409 01102005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3126794 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE MOZDEN, PATRICIA A 140 S BEACH ST., SUITE 204 DAYTONA BEACH, FL 32114 IN THIS SPACE 3. 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. 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 18 \$150.00 Trust Fund Contribution. Added to Fee: After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10 A.TIT MOZDEN, PATRICIA A NAME STREET ADDRESS 140 S. BEACH ST. STE 204 CITY-ST-ZIP DAYTONA BEACH, FL 32114 100000183152 TITLE 01/19/05-80057-015 150.00 NAME STREET ADDRESS

DO NOT WRITE
IN THIS SPACE

12. I hereby certify that the information supplied with this filing 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 eath; that I am an officer or director of the corporation or the receiver or furstee 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:

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR DRIVIED NAME OF STRAING OFFICER OR PURECTOR

114/05 386-238-0555