2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

Mar 30, 2005 08:00 AM **Secretary of State** DOCUMENT # V48549 1. Entity Name E. BRUCE BILLINGSLEY, P.A. Principal Place of Business Mailing Address 1210 MILLENIUM PKWY 1210 MILLENIUM PKWY STE 1030 STE 1030 BRANDON, FL 33511 US BRANDON, FL 33511 01242005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3133056 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BILLINGSLEY, E. BRUCE DO NOT WRITE 1210 MILLENIUM PKWY STE 1030 BRANDON, FL 33511 IN THIS SPACE 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 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 10. OFFICERS AND DIRECTORS TITLE 110110011280695 BILLINGSLEY, E. BRUCE 03/34/05-80031 005 150.00 NAME STREET ADDRESS 1210 MILLENIUM PKWY STE 1030 CITY-ST-ZIP BRANDON, FL 33511 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP

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:

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

FILED