## FILED

Zip Code

| 2005 FOR PROFIT CORPORATION<br>ANNUAL REPORT                                 |  |  | Jan 07, 2005 8:00 am<br>Secretary of State  |                                   |
|--|--|--|---|-----------------------------------|
| DOCUMENT # V60333  1. Entity Name PLYMOUTH MANAGEMENT GROU                   | IP, INC.   |  | 1   | 0006 025 ***158.75                |
| Principal Place of Business<br>8818 HILLSDALE DRIVE<br>ORLANDO, FL 32818     | Mailing Address<br>8818 HILLSDALE DRIVE<br>ORLANDO, FL 32818 |  |   | 50000557                          |
| 2. Principal Place of Business  454 SPAUISH WELLS COURT  Suite, Apt. #, etc. | 3. Mailing Address  YSY SANISH WELLS  Suite, Apt. #, etc.    | COURT  | 01042005 Chg-P                              | CR2E034 (10/03)                   |
| City & State WINTER GARDEN FLORIDA   | City & State WINTER CARDEN F                                 | LORIVA   | 4. FEI Number 59-3138525                    | Applied For Not Applicable        |
| Zip Country 34787 - U.S.A  | Zip Co<br>34787  | Untry<br>4.S.A.                                    | 5. Certificate of Status Desired            | \$8.75 Additional<br>Fee Required |
| 6. Name and Address of Current Registered Agent                              |  |  | 7. Name and Address of New Registered Agent |                                   |
| R.W. PHIPPS & COMPANY, P.A.  |  | Name<br>Stoot Address                              | VII O II a. M. who is Mat Associable        |                                   |
| 209 EAST MARKS STREET  |  | Street Address (P.O. Box Number is Not Acceptable) |   |                                   |

ORLANDO, FL 32803

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, after i **\$5.00** May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Р TITLE ☐ Delete TITLE Change Addition NAME KLEINSMITH, BRIAN G NAME KLEINEMITH, BRIAN G 454 SPANISH WELLS COURT 8818 HILLSDALE DR STREET ADDRESS STREET ADDRESS CITY-\$1-ZIP ORLANDO, FL 32818 C!TY-ST-ZIP WINTER GARDEN FLORIDA 34787 VΡ TITLE □ Delete Change Addition OLDEN, DONALD S NAME NAME 32 HARBOR CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ASTATULA, FL 34705 CITY-ST-ZIP TIFLE Delete TITLE ☐ Change Addition NAME NAME STREET AODRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CIFY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE 🗀 🔲 Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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

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 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 attaching mywith an address, with all other like empowered. BRIAN 6 KLEINSMITH Confre NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR