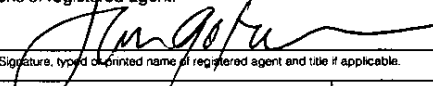



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 27, 2005 8:00 am**  
**Secretary of State**

01-27-2005 90043 034 \*\*\*150.00

<b>DOCUMENT # V72432</b> 1. Entity Name <b>SOUTHWEST EXPOSURE, INC.</b>																													
Principal Place of Business <b>567 105TH AVE. N. NAPLES, FL 34108</b>			Mailing Address <b>567 105TH AVE. N. NAPLES, FL 34108</b>																										
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.																											
City & State  Zip		City & State  Zip		4. FEI Number <b>65-0359217</b>																									
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																									
6. Name and Address of Current Registered Agent  <b>GOTOVICH, JON 567 105TH AVE. N. NAPLES, FL 33963</b>				7. Name and Address of New Registered Agent Name <b>GOTOVICH, JON</b> Street Address (P.O. Box Number is Not Acceptable) <b>567 105TH AVE. N.</b> City <b>NAPLES</b> <b>FL</b> Zip Code <b>34108</b>																									
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  <b>JON GOTOVICH</b> <b>1-22-05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																													
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">D</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>GOTOVICH, JON</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>567 105TH AVE. N.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>NAPLES, FL</td> <td></td> </tr> </table>			TITLE	D	<input type="checkbox"/> Delete	NAME	GOTOVICH, JON		STREET ADDRESS	567 105TH AVE. N.		CITY-ST-ZIP	NAPLES, FL		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;"></td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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)(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.																													
<b>SIGNATURE:</b>  <b>JON GOTOVICH</b> <b>1-22-05</b> <b>239-592-0380</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																													