

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 617231

FILED
Feb 21, 2005
Secretary of State

Entity Name: DOUGLAS MACHINES CORP.

Current Principal Place of Business:

2101 CALUMET STREET
CLEARWATER, FL 33765 US

New Principal Place of Business:

Current Mailing Address:

2101 CALUMET STREET
CLEARWATER, FL 33765 US

New Mailing Address:

FEI Number: 59-1906520

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVID A. WARD
450 MANISHA PLACE
TARPON SPRINGS, FL 34689 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WARD, DAVID A.,
Address: 450 MANISHA PLACE
City-St-Zip: TARPON SPRINGS, FL 34689

Title: D () Delete
Name: CRADDOCK, MARTIN,
Address: WHISBY RD
City-St-Zip: LINCOLN, ENGLAND,

Title: VST () Delete
Name: MADER, SUSAN L,
Address: 549 WALDEN CT.
City-St-Zip: DUNEDIN, FL 34698

Title: V () Delete
Name: LEMEN, KEVIN
Address: 11737 DARBYSHIRE DR
City-St-Zip: TAMPA, FL 33626

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VST (X) Change () Addition
Name: MADER, SUSAN L,
Address: 2151 HARBOR VIEW DRIVE
City-St-Zip: DUNEDIN, FL 34698

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN L MADER

VP

02/21/2005

Electronic Signature of Signing Officer or Director

Date