



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 764106		
1. Entity Name SEM-I-NO HOLDING CORPORATION, INC.		

Principal Place of Business PO BOX 16566 W. PALM BEACH FL 33416 US	Mailing Address PO BOX 16566 W. PALM BEACH FL 33416 US <i>same as #2</i>
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2. Principal Place of Business <i>7214 E. Oakridge</i>	3. Mailing Address
Suite, Apt. #, etc. <i>Circle 23 D</i>	Suite, Apt. #, etc.

City & State <i>Lantana</i>	City & State
Zip <i>33462</i>	Country <i>USA FL</i>

FILED
05 SEP 15 AM 11:41
SECRETARY OF STATE
50066884


2nd MOORE CR2E037 (5/05)

4. FEI Number 23-7535625	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DICKMANN, WESLEY E 7214 E OAKRIDGE CIR LAKE WORTH FL 33462	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 *Wesley Dickmann* (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25 Due By September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DICKMANN, WESLEY 7214 E OAKRIDGE CIR LANTANA FL 33462-5348 T <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000059781680 09/20/05--01039--023 **70.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SHEPARD, RICHARD 2349 SE LONGHORN AVE PORT SAINT LUCIE FL 34952 T <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TASHMAN, LENARD 3339 JOG PARK DR GREENACRES FL 33467 T <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	KING, HARVEY 302 NE 7TH AVE DELRAY BEACH FL 33483 T <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WEINKRANTZ, STEVEN 2168 SE DOLPHIA RD PORT SAINT LUCIE FL 34952 T <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 617, 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.

Wesley Dickmann