


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

FILED
Apr 23, 2005 08:00 AM
Secretary of State

DOCUMENT # N02000004726			
1. Entity Name SOUTH FLORIDA ANGLERS FOR EVERGLADES RESTORATION, INC.			
Principal Place of Business 3720 N. 57TH AVENUE HOLLYWOOD FL 33021		Mailing Address 3720 N. 57TH AVENUE HOLLYWOOD FL 33021	
2. Principal Place of Business Suite, Apt #, etc.		3. Mailing Address Suite, Apt #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent ARNOLD, BRAND 3720 N. 57TH AVENUE HOLLYWOOD FL 33021		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 <u>Brad Arnold</u>		Date <u>4/21/05</u>	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)	



1st MOORE CR2E037 (10/04)

4. FEI Number **02-0624135** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

FILE NOW: FEE IS \$61.25 Due By May 1, 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	PD OVIES, AL <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	1100 S.W. 2ND AVENUE #4	NAME	U00000326446
STREET ADDRESS	MIAMI FL 33130	STREET ADDRESS	04/23/05-80057-010 61.25
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VD PERSSON, RICK <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	10901 S.W. 106 AVENUE	NAME	
STREET ADDRESS	MIAMI FL 33176	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	SD ARNOLD, BRAD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	3720 N. 57TH AVENUE	NAME	
STREET ADDRESS	HOLLYWOOD FL 33201	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	TD WARNER, STEVE <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	11217 N.W. 12TH COURT	NAME	
STREET ADDRESS	CORAL SPRINGS FL 33071	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Brad Arnold Date 4/21/05 Daytime Phone # 754-224-126

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR