

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State


03-14-2005 90120 017 ***150.00

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DOCUMENT # P0000103092

1. Entity Name
DAMON INDUSTRIES FRUITFUL CORP.



Principal Place of Business Mailing Address
10334 OSPREY TRACE 10334 OSPREY TRACE
WEST PALM BEACH, FL 33412 WEST PALM BEACH, FL 33412

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country

03112005 Chg-P CR2E034 (10/03)

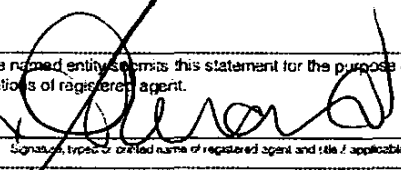
4. FEI Number
65-1116881 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
GARELLEK, STEVEN
700 S. FEDERAL HWY
SUITE 200
BOCA RATON, FL 33432

7. Name and Address of New Registered Agent
 Name **Robert Armand**
 Street Address (P.O. Box Number is Not Acceptable)
10334 Osprey Trace
 City **West Palm Beach** FL Zip Code **33412**

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:  DATE: **03-11-05**

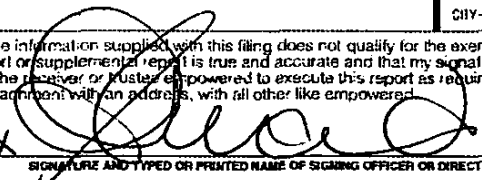
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature is required when resigning)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PVST ARMAND, ROBERT 10334 OSPERY TRACE WEST PALM BEACH, FL 33412 <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
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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 607, 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:  DATE: **03-11-05** (561) 776-8511

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Office Phone #