

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005 8:00 am
Secretary of State

01-21-2005 90084 005 ***150.00

DOCUMENT # P01000001356
 1. Entity Name
 DEFRAG CORPORATION



Principal Place of Business Mailing Address
 3000 N UNIVERSITY DRIVE 3000 N UNIVERSITY DRIVE
 SUITE Q SUITE Q
 CORAL SPRINGS, FL 33065 CORAL SPRINGS, FL 33065

00000001



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Box 77-0430
 City & State CORAL SPRINGS

City & State FL
 Zip 33077 Country USA

01042005 Chg-P CR2E034 (10/03)

4. FEI Number 65-1066597 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
 LOWELL, ROBERT A
 3000 N UNIVERSITY DRIVE
 SUITE Q
 CORAL SPRINGS, FL 33065

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

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	PTSD LOWELL, ROBERT A 3000 N UNIVERSITY DR STE Q CORAL SPRINGS, FL 33065 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.

SIGNATURE: Robert Lowell ROBERTA LOWELL 1/15/05 954-340-5442
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #