


**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90141 009 \*\*\*150.00

**2005 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

20057292



DOCUMENT # P01000045046 1. Entity Name 4FRONT, INC.			
Principal Place of Business 1255 LAQUINTA DR. #214A ORLANDO, FL 32809		Mailing Address 1255 LAQUINTA DR. #214A ORLANDO, FL 32809	
2. Principal Place of Business 502 Sunport Lane		3. Mailing Address 502 Sunport Lane	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Orlando, FL		City & State Orlando, FL	
Zip 32809		Country United States	
4. FEI Number 59-3714813		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GRIFFITHS, NICHOLAS J 9100 BAY HILL BLVD ORLANDO, FL 32819		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: <i>Nicholas J Griffiths</i>		DATE: 4/28/05	
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. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GRIFFITHS, NICHOLAS J 9100 BAY HILL BLVD ORLANDO, FL 32809 <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	VP GRIFFITHS, CARMEN 9100 BAY HILL BLVD ORLANDO, FL 32809 <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: <i>Nicholas J Griffiths</i> - NIC GRIFFITHS		DATE: 4/28/05 4078521030	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	