2005 FOR PROFIT CORPORATION

Apr 18, 2005 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # P01000057704 1. Entity Name TRAAS ENTERPRISES, INC. Mailing Address Principal Place of Business 120 9TH AVENUE NORTH 120 9TH AVENUE NORTH JACKSONVILLE BEACH, FL 32250 JACKSONVILLE BEACH, FL 32250 No Chg-P 04152005 CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3725340 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent DO NOT WRITE DAVID, TRACEY B 120 9TH AVENUE NORTH IN THIS SPACE JACKSONVILLE BEACH, FL 32250 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. Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when roinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE Hnnnnn913233 DAVID, TRACEY B 04/18/05-80115-022 150.00 NAME 10912 WHITWORTH COURT STREET ADDRESS JACKSONVILLE, FL 32225 CITY-SY-7IP TITLE DAVID, ROY F NAME 10912 WHITWORTH COURT STREET ADDRESS JACKSONVILLE, FL 32225 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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:

CITY-ST-7/P

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED