2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000068277

Entity Name: SOUTH FLORIDA BORING INC

FILED Jun 07, 2005 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
--------------------------------------	----------------------------------

3531 SE HYDE CIRCLE 362 SW GLENWOOD DR PORT ST LUCIE, FL 34984 PORT ST LUCIE, FL 34984

Current Mailing Address: New Mailing Address:

3531 SE HYDE CIRCLE 362 SW GLENWOOD DR PORT ST LUCIE, FL 34984 PORT ST LUCIE, FL 34984

FEI Number: 16-1617369 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MACALUSO, JOHN T
3531 SE HYDE CIRCLE
PORT ST LUCIE, FL 34984 US

MACALUSO, JOHN T
362 SW GLENWOOD DR
PORT ST LUCIE, FL 34984 US

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.

SIGNATURE: 06/07/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition Name: MACALUSO, JOHN T Name: MACALUSO, JOHN T Address: 3531 SE HYDE CIRCLE Address: 362 SW GLENWOOD DR

 Address:
 3531 SE HYDE CIRCLE
 Address:
 362 SW GLENWOOD DR

 City-St-Zip:
 PORT ST LUCIE, FL 34984
 City-St-Zip:
 PORT ST LUCIE, FL 34984

Title: VT () Delete Title: VT (X) Change () Addition Name: MACALUSO, CAROLYN M Name: MACALUSO, CAROLYN M

Address: 3531 SE HYDE CIRCLE Address: 362 SW GLENWOOD DR City-St-Zip: PORT ST LUCIE, FL 34984 City-St-Zip: PORT ST LUCIE, FL 34984

Title: S (X) Delete Title: () Change () Addition

 Name:
 MACALUSO, LÍNDA L
 Name:

 Address:
 116 N ERIE DR
 Address:

 City-St-Zip:
 FT PIERCE, FL 34946
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN T MACALUSO PD 06/07/2005