2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P03000080084

Entity Name: TRULY UNIQUE, INC.

FILED May 05, 2005 Secretary of State

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

6073 N.W. 167TH ST.. UNIT C-7

MIAMI, FL 33015 US

Current Mailing Address: New Mailing Address:

6073 N.W. 167TH ST.. UNIT C-7

MIAMI, FL 33015 US

FEI Number: 73-1675057 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:

JAMES, TIMOTHY E 18880 N.W. 57TH AVE. APT. 307 MIAMI, FL 33015 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:

Electronic Signature of Registered Agent Date

Electronic Signature of Registered Age

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/VP () Delete Title: VP/D (X) Change () Addition

 Name:
 JAMES, TIMOTHY E
 Name:
 JAMES, TIMOTHY E

 Address:
 18880 N.W. 57TH AVE., APT. 307
 Address:
 18880 N.W. 57TH AVE., APT. 307

City-St-Zip: MIAMI, FL 33015 US City-St-Zip: MIAMI, FL 33015 US

Otty-06-21p. Wildwil, T.E. 330 13 03

Title: S () Delete Title: S (X) Change () Addition Name: MONTAGUE-JAMES, CARLENE B Name: WEATHERFORD, MARTHA

 Address:
 18880 N.W. 57TH AVE., APT. 307
 Address:
 18880 N.W. 57TH AVE 307

 City-St-Zip:
 MIAMI, FL 33015 US
 City-St-Zip:
 MIAMI, FL 33015 US

Title: D () Delete Title: () Change () Addition

 Name:
 MONTAGUE-JAMES, AUTUMN M
 Name:

 Address:
 5233 U.S. HWY 98 NORTH #192
 Address:

 City-St-Zip:
 LAKELAND, FL 33809 US
 City-St-Zip:

Title: VP () Delete Title: P/VP (X) Change () Addition

Name: GARRAWAY, JOSHUA D Name: GARRAWAY, JOSHUA D

Address: 5233 U.S. HWY 98 NORTH #192 Address: 21340 NE 8 CT
City-St-Zip: LAKELAND, FL 33809 City-St-Zip: MIAMI, FL 33179

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: TIMOTHY JAMES VP/D 05/05/2005