


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 11, 2005 8:00 am**  
**Secretary of State**

04-11-2005 90185 006 \*\*\*150.00

**DOCUMENT # P03000101565**

1. Entity Name  
**GREAT INNOVATIONS, INC.**



Principal Place of Business  
**4500 N. HIATUS RD., STE. #209  
 SUNRISE, FL 33351**

Mailing Address  
**4500 N. HIATUS RD., STE. #209  
 SUNRISE, FL 33351**

2. Principal Place of Business  
**13807 NW 4 St**

3. Mailing Address  
**13807 NW 4 St**

Suite, Apt. #, etc.



02222005 Chg-P CR2E034 (10/03)

City & State  
**SUNRISE, FL**

City & State  
**SUNRISE, FL**

Zip  
**33325** Country

Zip  
**33325** Country

4. FEI Number  
**20-0244358**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**MCDONNELL, JOSEPH  
 4500 N. HIATUS RD., STE. #209  
 SUNRISE, FL 33351**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
**13807 NW 4 St**

City  
**SUNRISE** FL Zip Code  
**33325**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	<b>MCDONNELL, JOSEPH</b>	
STREET ADDRESS	<b>4500 N. HIATUS RD., STE. #209</b>	
CITY-ST-ZIP	<b>SUNRISE, FL 33351</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>13807 NW 4 St</b>	
STREET ADDRESS	<b>SUNRISE, FL 33325</b>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 another like empowered.

SIGNATURE: \_\_\_\_\_ Date: **4/8/05** Daytime Phone #: **954-747-3300**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR