

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000153440

FILED  
Mar 19, 2005  
Secretary of State

Entity Name: BULLSEYE EDUCATIONAL PRODUCTS, INC.

## Current Principal Place of Business:

1573 DORCHESTER STREET  
PORT CHARLOTTE, FL 33952

## New Principal Place of Business:

7205 JESSIE HARBOR DRIVE  
OSPREY, FL 34229

## Current Mailing Address:

1573 DORCHESTER STREET  
PORT CHARLOTTE, FL 33952

## New Mailing Address:

7205 JESSIE HARBOR DRIVE  
OSPREY, FL 34229

FEI Number: 20-0967873

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CARIGNAN, MICHAEL  
1573 DORCHESTER STREET  
PORT CHARLOTTE, FL 33952 US

## Name and Address of New Registered Agent:

CARIGNAN, MICHAEL  
7205 JESSIE HARBOR DRIVE  
OSPREY, FL 34229 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

03/19/2005

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: CARIGNAN, MICHAEL  
Address: 1573 DORCHESTER STREET  
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: VD (X) Delete  
Name: CARIGNAN, JOSEPH  
Address: 1573 DORCHESTER STREET  
City-St-Zip: PORT CHARLOTTE, FL 33952

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: CARIGNAN, MICHAEL  
Address: 7205 JESSIE HARBOR DRIVE  
City-St-Zip: OSPREY, FL 34229

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: MICHAEL CARIGNAN

Electronic Signature of Signing Officer or Director

PD

03/19/2005

Date