


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 17, 2005 8:00 am
Secretary of State

08-17-2005 90002 029 ***150.00

DOCUMENT # P98000006923	
1. Entity Name MACROTRENZ CORP.	

Principal Place of Business 12534 CORMORANT DR. JACKSONVILLE, FL 32223	Mailing Address 12200-21 SAN JOSE BLVD., STE. 107 JACKSONVILLE, FL 32223
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50062022



2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 2050 Kimberly Dr. Suite, Apt. #, etc.
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07122005 Chg-P CR2E034 (10/03)

City & State	City & State Dunedin, FL	4. FEI Number 59-3489015	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip 34698	Country

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

6. Name and Address of Current Registered Agent MCIVER, GEARY M 12534 CORMORANT DR. JACKSONVILLE, FL 32223	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 Due by September 7, 2005

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MCIVER, GEARY M		NAME	
STREET ADDRESS 12534 CORMORANT DR		STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE, FL 32223		CITY-ST-ZIP	
TITLE ST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MCIVER, LORI		NAME	
STREET ADDRESS 12534 CORMORANT DR		STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE, FL 32223		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 all other like empowered.

SIGNATURE: *Geary M. McIver* **Geary M. McIver, Pres. Aug 14, 05 (727) 512-5011**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
MacroTrenz Corp