2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000074491

Entity Name: EUROPEONSALE.COM, INC.

FILED Jan 06, 2005 Secretary of State

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

6801 LAKE WORTH RD., SUITE 103 6801 LAKE WORTH RD., SUITE 107 LAKE WORTH, FL 33467

LAKE WORTH, FL 33467

Current Mailing Address: New Mailing Address:

6801 LAKE WORTH RD., SUITE 107 6801 LAKE WORTH RD., SUITE 103

LAKE WORTH, FL 33467 LAKE WORTH, FL 33467

FEI Number: 65-0942412 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

ZACHILLI, MICHAEL ZACHILLI, MICHAEL

6801 LAKE WORTH RD., SUITE 103 6801 LAKE WORTH RD., SUITE 107 LAKE WORTH, FL 33467 LAKE WORTH, FL 33467

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: 01/06/2005

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

JULIAN, JOSEPHINE JULIAN, JOSEPHINE Name: Name: 6253 SHADOW TREE LN. 6255 SHADOW TREE LN. Address: Address: City-St-Zip: LAKE WORTH, FL 33428 City-St-Zip: LAKE WORTH, FL 33463

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

Name: ZACCHILLI, MICHAEL L Name: ZACCHILLI, MICHAEL L 28850 RAINDANCE LN Address: 9 GEORGETOWN COURT Address: BOCA RATON, FL 33428 ALLENTOWN, NJ 08501 City-St-Zip: 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: JOSEPHINE JULIAN D 01/06/2005