

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2006 8:00 am
Secretary of State

04-20-2006 90194 044 ***150.00

DOCUMENT # P05000067610



1. Entity Name
 05/05/05, INC.

Principal Place of Business Mailing Address
 C/O JOHN C. SCHNEIDER, ESQ. C/O JOHN C. SCHNEIDER, ESQ.
 250 AUSTRALIAN AVE. S 1550 CLEARLAKE CENT 250 AUSTRALIAN AVE. S 1550 CLEARLAKE CENT
 WEST PALM BEACH, FL 33401 WEST PALM BEACH, FL 33401

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
The Montecito - Suite 801 *SAME AS # 2*

City & State City & State
616 Clearwater Park Rd

Zip Country Zip Country
WPB FL 33401 US



04052006 Chg-P CR2E034 (11/05)

4. FEI Number Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 SCHNEIDER, JOHN C ESQ.
 MOSHER & SCHNEIDER, P.A.
 250 AUSTRALIAN AVE. S. 1550 CLEARLAKE CENT
 WEST PALM BEACH, FL 33401

7. Name and Address of New Registered Agent
 Name John C. Schneider
 Street # The Montecito - Suite 801
 616 Clearwater Park Road
 West Palm Beach, FL 33401
 City *John C. Schneider, P.A.* Zip Code

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 *John C. Schneider, P.A.* DATE *5/15/06*

FILE NOW!!! FEE IS \$150.00
 After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	<i>PJT/5/D</i>	
NAME	<i>John C. Schneider</i>	
STREET ADDRESS	<i>616 Clearwater Park Rd (# 801)</i>	
CITY-ST-ZIP	<i>W.P.B., FL 33401</i>	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE			
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			
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 exemptions contained in Chapter 119, 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: *John C. Schneider* DATE *4/17/06*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #