

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 364927

FILED
Feb 11, 2005
Secretary of State

Entity Name: AUGUST MANOR, INC.

Current Principal Place of Business:

11601 BISCAYNE BLVD., SUITE 200C
MIAMI, FL 33181

New Principal Place of Business:

Current Mailing Address:

11601 BISCAYNE BLVD., SUITE 200C
MIAMI, FL 33181

New Mailing Address:

FEI Number: 59-1366465

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AUGUST, BRUCE
11601 BISCAYNE BLVD., STE. 200C
N. MIAMI, FL 33181 US

Name and Address of New Registered Agent:

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

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: AUGUST, BRUCE
Address: 11601 BISCAYNE BLVD., SUITE 200C
City-St-Zip: MIAMI, FL 33181

Title: VD () Delete
Name: BAUM, TRACI
Address: 1509 MACFARLANE RD
City-St-Zip: COLVILLE, WA 99114

Title: S () Delete
Name: AUGUST, LOUISE
Address: 11601 BISCAYNE BLVD., STE. 200C
City-St-Zip: MIAMI, FL 33138

Title: D () Delete
Name: MILLER, CELIA
Address: HC 52, BOX 8517
City-St-Zip: BIRDCREEK, AK 99540

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: BRUCE AUGUST

PD

02/11/2005

Electronic Signature of Signing Officer or Director

_____ Date