


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 14, 2005 8:00 am**  
**Secretary of State**

04-14-2005 90105 016 \*\*\*150.00

DOCUMENT # 444996			
1. Entity Name RECREATION ENTERPRISES, INC.			
Principal Place of Business 345 NE 3RD AVE DELRAY BEACH, FL 33444 US		Mailing Address <del>PO BOX 1811</del> 345 NE 3RD AVE DELRAY BEACH, FL 33447 US 33444	
2. Principal Place of Business		3. Mailing Address 345 N.E 3RD AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State DELRAY BEACH FL	
Zip	Country	Zip 33444	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CLEVELAND, DONALD L. 345 NE 3RD AVE DELRAY BEACH, FL 33444		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P CLEVELAND, DONALD L. <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLEVELAND, DONALD L.	NAME	
STREET ADDRESS	1627 N SWINTON AVE	STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH, FL,	CITY-ST-ZIP	
TITLE	V CLEVELAND, CASEY <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLEVELAND, CASEY	NAME	
STREET ADDRESS	1627 N SWINTON AVE	STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH, FL,	CITY-ST-ZIP	
TITLE	S CLEVELAND, BECKY <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLEVELAND, BECKY	NAME	
STREET ADDRESS	1627 N SWINTON AVE	STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL,	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, trustee or person 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: <i>Donald L. Cleveland</i>		4/11/5 5612433504	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	