2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 09, 2005 08:00 AM Secretary of State

4/6/05 321-725-1240
Date Dayline Phone *

			<u> </u>	- Sacratary c	of State	
DOCUMENT # 462330 1. Entity Name NOTTUS, INCORPORATED			Secretary o	n Stati		
Principal Place of Business Mailing Address 2174 HARRIS AVE NE P.O. BOX 060250 SUITE 1 PALM BAY, FL 32905 US			ן נושנום וושנים נושנים ונשנים ונשנים וושנים אוסם אווור השונא משפאו מוואים מואנים חושנים ווומסביר ב	J(1875 FF) J(1887		
DO NOT WRITE IN THIS SPAC			CE	01032005 No Chg-P CR2E034 (10/03) 4. FEI Number		
6. Name and Address of Current Registered Agent SPIRA, JACK B. 5205 BABCOCK ST NE PALM BAY, FL 32905			DO NOT WRITE IN THIS SPACE			
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 Signature, typed or philad name of registered agent and like if explicable. (NOTE. Registered Agent signature required when reinstating) DATE						
FILE NOW!!! FEE IS \$150,00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution.				5.00 May Be ded to Fees		
TITLE NAME STREET ADDRESS	PS OFFICERS AND DIRE SUTTON, FRED E. 2174 HARRIS AVE NE, #1	CTORS		··. 2	·	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	PALM BAY, FL V SUTTON, HAROLD S. 11208 LONGWOOD CRT BRADENTON, FL				5U.UU	
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12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statules. 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.						

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