2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 547595

Entity Name: THE HOUSE OF ROTHSCHILD, INC.

FILED Feb 11, 2005 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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32252 LAKESHORE DR. 1923 HILLTOP DR.

TAVARES, FL 32778 US MOUNT DORA, FL 32757 US

Current Mailing Address: New Mailing Address:

32252 LAKESHORE DR. 1923 HILLTOP DR.

TAVARES, FL 32778 US MOUNT DORA, FL 32757 US

FEI Number: 59-1768356 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

ROTHSCHILD, STEPHEN T 32252 LAKESHORE DR. TAVARES, FL 32778 US

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Name: KEY, JOHN A Name: KEY, JOHN A Address: 32252 LAKESHORE DR. Address: 1923 HILLTOP DR.

City-St-Zip: TAVARES, FL 32778 US City-St-Zip: MOUNT DORA, FL 32757 US

Title: VP () Delete Title: VP (X) Change () Addition Name: BILBREY, KEVIN Name: BILBREY, KEVIN

Address: 32252 LAKESHORE DR Address: 1923 HILLTOP DR
City-St-Zip: TAVARES, FL 32778 US City-St-Zip: MOUNT DORA, FL 32757 US

Title: ST () Delete Title: () Change () Addition Name: ROTHSCHILD. STEPHEN T Name:

 Name:
 ROTHSCHILD, STEPHEN T
 Name:

 Address:
 32252 LAKESHORE DR.
 Address:

 City-St-Zip:
 TAVARES, FL 32778 US
 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: JOHN A. KEY P 02/11/2005