2005 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 28, 2005 08:00 AM **Secretary of State DOCUMENT # 693477** 1. Entity Name FYR-FYTER, INC. Principal Place of Business Mailing Address 10905-1 GLADIOLUS DRIVE 10905-1 GLADIOLUS DRIVE FT MYERS, FL 33908 FT MYERS, FL 33908 02252005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2115336 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE MILLER, GREG 7208 MAIDA LANE FT MYERS, FL 33908 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 printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE MILLER, GREG - Unidio245509 (1111-1111) NAME STREET ADDRESS 7208 MANDA LANE CITY-ST-7/9 FORT MYERS, FL 33908 PDPS TITLE NAME MILLER, CAROL STREET ADDRESS 7208 MANDA LANE CITY-ST-ZIP FORT MYERS, FL 33908 TITLE NAME

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 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:

STREET ADDRESS CITY-ST-ZIP TITLE

STREET ADDRESS

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE

Heawiller
SIGNATURE AND TOPED OR PRIVED NAME OF SIGNANG

GREG MILLER

125/05 239-481-5737

DO NOT WRITE

IN THIS SPACE

FILED