


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2005 8:00 am
Secretary of State

02-23-2005 90078 039 ****61.25

DOCUMENT # 715805	
1. Entity Name LES CHATEAUX DES ROIS, INC., NO. I,	

Principal Place of Business 1153 1A RUE DES ROIS SOUTH PASADENA FL 33707 US	Mailing Address 1153 1A RUE DES ROIS SOUTH PASADENA FL 33707 US
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2. Principal Place of Business 7011 1A PLACE DE LA PAIX Suite, Apt. #, etc. 1-A City & State SOUTH PASADENA, FL Zip 33707 Country PINELLAS	3. Mailing Address same Suite, Apt. #, etc. same City & State same Zip same Country same
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1st MOORE CR2E037 (10/04)

4. FEI Number 59-2012120	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SHELDON, DIANE 1153 1A RUE DES ROIS SOUTH PASADENA FL 33707	
7. Name and Address of New Registered Agent Name: LISA GERBER Street Address (P.O. Box Number is Not Acceptable): 7011 1A PLACE DE LA PAIX City: SOUTH PASADENA FL Zip Code: 33707	

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: Lisa M. Gerber LISA M. Gerber 1/29/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD NAME SHELDON, DIANE STREET ADDRESS 1153 1A RUE DES ROIS CITY-ST-ZIP SOUTH PASADENA FL 33707	<input type="checkbox"/> Delete	TITLE PD NAME Lisa Gerber STREET ADDRESS 7011 1A PLACE DE LA PAIX CITY-ST-ZIP SOUTH PASADENA FL 33707	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD NAME WILDE, HOWARD STREET ADDRESS 7001 PLACE DE LA PAIX CITY-ST-ZIP SOUTH PASADENA FL 33707	<input type="checkbox"/> Delete	TITLE VD NAME WILDE, HOWARD STREET ADDRESS 7001 2-A PLACE DE LA PAIX CITY-ST-ZIP SOUTH PASADENA FL 33707	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TS NAME LICEIARDI, BARBARA STREET ADDRESS 7000 2-B SUNSET DR.S CITY-ST-ZIP SAINT PETERSBURG FL 33707	<input type="checkbox"/> Delete	TITLE TS NAME DIANE SHELDON STREET ADDRESS 1153 1A RUE DES ROIS CITY-ST-ZIP SOUTH PASADENA FL 33707	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 or trustee empowered to execute this report as required by Chapter 617, 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: DIANE SHELDON DIANE SHELDON 1/25/04 822-4789
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #