

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 731470

FILED
May 07, 2005
Secretary of State

Entity Name: ETERNITY INC.

Current Principal Place of Business:

7704 GRAY MOSS LN
TAMPA, FL 336194204

New Principal Place of Business:

Current Mailing Address:

7704 GRAY MOSS LN
TAMPA, FL 336194204

New Mailing Address:

FEI Number: 59-1566891 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SMITH, OLGA O.
7704 GRAY MOSS LN
TAMPA, FL 33619 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MATTHEWS, BOB
Address: 714 MILLPOND DR
City-St-Zip: SUGAR LAND, TX 77478 US

Title: D () Delete
Name: SMITH, W.T.
Address: 115 HIDDEN OAK
City-St-Zip: KINGSLAND, TX 78639 US

Title: PD () Delete
Name: ALESSI, VICKI A
Address: 5 WESTVIEW DR
City-St-Zip: ROUND ROCK, TX 78664 US

Title: STD () Delete
Name: WUGHTER, JOYCE A
Address: 7007 CREEK PLACE DRIVE
City-St-Zip: KILLEEN, TX 76542 US

Title: D () Delete
Name: JONES, RICK
Address: 1182 CHAMBOARD
City-St-Zip: HOUSTON, TX 77018 US

Title: D () Delete
Name: COX, BENNY R
Address: 1009 PEBBLE BROOK DR
City-St-Zip: CEDAR PARK, TX 78613 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VICKI A ALESSI

PD

05/07/2005

Electronic Signature of Signing Officer or Director

Date