



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

DOCUMENT # 764106 1. Entity Name SEM-I-NO HOLDING CORPORATION, INC.	
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FILED

05 SEP 15 AM 11:41
 SECRETARY OF STATE
 TALLAHASSEE FL 32399
 50066884



Principal Place of Business PO BOX 16566 W. PALM BEACH FL 33416 US	Mailing Address PO BOX 16566 W. PALM BEACH FL 33416 US <i>same as #2</i>
2. Principal Place of Business 7214 E. Oakridge Suite, Apt. #, etc. Circle 23 D	3. Mailing Address Suite, Apt. #, etc.

City & State Lantana Zip 33462 Country USA FL	City & State Zip Country
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4. FEI Number 23-7535625	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent DICKMANN, WESLEY E 7214 E OAKRIDGE CIR LAKE WORTH FL 33462	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 *Wesley Dickmann* (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25 Due By September 7, 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	DICKMANN, WESLEY <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7214 E OAKRIDGE CIR	NAME	
STREET ADDRESS	LANTANA FL 33462-5348	STREET ADDRESS	000059781680
CITY-ST-ZIP	T	CITY-ST-ZIP	09/20/05--01039--023 **70.00
TITLE	SHEPARD, RICHARD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2349 SE LONGHORN AVE	NAME	
STREET ADDRESS	PORT SAINT LUCIE FL 34952	STREET ADDRESS	
CITY-ST-ZIP	T	CITY-ST-ZIP	
TITLE	TASHMAN, LENARD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3339 JOG PARK DR	NAME	
STREET ADDRESS	GREENACRES FL 33467	STREET ADDRESS	
CITY-ST-ZIP	T	CITY-ST-ZIP	
TITLE	KING, HARVEY <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	302 NE 7TH AVE	NAME	
STREET ADDRESS	DELRAY BEACH FL 33483	STREET ADDRESS	
CITY-ST-ZIP	T	CITY-ST-ZIP	
TITLE	WEINKRANTZ, STEVEN <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2168 SE DOLPHIA RD	NAME	
STREET ADDRESS	PORT SAINT LUCIE FL 34952	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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.

Wesley Dickmann