2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2005
Secretary of State

DOCUMENT# 768253

Entity Name: OCTAGON SEQUENCE OF EIGHT, INC.

Current Principal Place of Business:

41660 HORSESHOE RD.
PUNTA GORDA, FL 33982 US

New Principal Place of Business:

Current Mailing Address:

41660 HORSESHOE RD.
PUNTA GORDA, FL 33982 US

New Mailing Address:

FEI Number: 59-2298305 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CARON, PETER O.
41660 HORSESHOE RD.
PUNTA GORDA, FL 33982 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: C ( ) Delete
Name: CARON LAURI, CARON PETER O
Address: 41660 HORSESHOE RD
City-St-Zip: PUNTA GORDA, FL 33982

Title: D ( ) Delete
Name: RUEDI, DIETER DR
Address: 13102 STATE ROAD 80
City-St-Zip: EAST FORT MYERS, FL 33905

Title: D ( ) Delete
Name: HOERNER, TOM
Address: 18138 ADAMS CIRCLE
City-St-Zip: FORT MYERS, FL 33912

Title: P ( ) Delete
Name: WEATHERS, DAVID
Address: 41180 LITTLE FARM RD
City-St-Zip: PUNTA GORDA, FL 33955

Title: D ( ) Delete
Name: CARON, MILDRED
Address: 3814 SE 17TH AVENUE
City-St-Zip: CAPE CORAL, FL 33904

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change ( ) Addition
Name: CARON, PETER O C
Address: 41660 HORSESHOE RD
City-St-Zip: PUNTA GORDA, FL 33982 US

Title: D (X) Change ( ) Addition
Name: RUEDI, DR. DIETER D
Address: 13102 STATE ROAD 80
City-St-Zip: EAST FORT MYERS, FL 33905 US

Title: D (X) Change ( ) Addition
Name: HOERNER, TOM D
Address: 18138 ADAMS CIRCLE
City-St-Zip: FORT MYERS, FL 33912 US

Title: P (X) Change ( ) Addition
Name: CARON, LAURI A P
Address: 41660 HORSESHOE RD
City-St-Zip: PUNTA GORDA, FL 33982 US

Title: D (X) Change ( ) Addition
Name: CARON, MILDRED D
Address: 3814 SE 17TH AVENUE
City-St-Zip: CAPE CORAL, FL 33904 US

Title: S ( ) Change (X) Addition
Name: DEFALCO, IDA L S
Address: 3057 GRAND AVE
City-St-Zip: FORT MYERS, FL 33901 US

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: PETER OCTAVE CARON C 01/17/2005

Electronic Signature of Signing Officer or Director — Date