

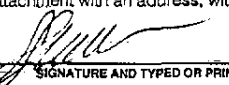


**FILED**  
**Apr 23, 2005 08:00**  
**Secretary of State**

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # 852713</b>						
1. Entity Name <b>ERIMAR CORPORATION N.V.</b>						
Principal Place of Business <b>615 DORSEY RD BEL AIR, MD 21014</b>	Mailing Address <b>HEUVELSTRAAT 14 5131 AP ALPHEN NB NRTHERLANDS,</b>	  04172005    No Chg-P    CR2E034 (10/03) <table border="1" style="width:100%"><tr><td>4. FEI Number <b>98-0054414</b></td><td>Applied For Not Applicable</td></tr><tr><td colspan="2">5. Certificate of Status Desired    <input type="checkbox"/>    <b>\$8.75 Additional Fee Required</b></td></tr></table>	4. FEI Number <b>98-0054414</b>	Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
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5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>						
<b>DO NOT WRITE IN THIS SPACE</b>						
6. Name and Address of Current Registered Agent  <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324</b>		<b>DO NOT WRITE IN THIS SPACE</b>				
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title, if applicable.</small>						
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>				
		<b>U000000326150 04/23/05-80045-009 150.00</b>				
10. OFFICERS AND DIRECTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<b>DO NOT WRITE IN THIS SPACE</b>				
V <b>HENNART, SONDRAG. 615 DORSEY RD BEL AIR, MD 21014</b>						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
D <b>CURACAO CORP. COMPANY NV DE RUYTERKADE 62 CURACAO, NETH. ANT.,</b>						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
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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 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:  <b>Sondra Grace Hennart</b>		<b>11 April 2005</b> Date    Daytime Phone #				