2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 21, 2005 08:00 AM **DOCUMENT # 856489** 1. Entity Name **Secretary of State** JANUS FINANCIAL CORPORATION Principal Place of Business Mailing Address % P. DOUGLAS FREEDLE 515 MADISON AVE ROOM 3304 NEW YORK NY 10022 % P. DOUGLAS FREEDLE 515 MADISON AVE ROOM 3304 NEW YORK NY 10022 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt. # etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 52-1283862 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 City Zip Code FI 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 Signature, typed or printed name of registered agent and tille if applicable (NOTE Registered Agent signature required when rainstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PTD HILE HTTE 🔲 Delete Change Addition FREEDLE, P. DOUGLAS NAME NAME U00000271752 STREET ADDRESS 4224 BAY TO BAY BLVD STREET ADDRESS 03/21/05-80060-002 150.00 CITY-ST-ZIP TAMPA FL CITY-ST-ZIP TITLE Delete Title 9 ☐ Change Addition NAME PENNINGTON, DARLENE M. NAME MT.ZION SHERMAN RD. STREET ADDRESS STRFET ADDRESS CITY-ST-ZIP DRY RIDGE KY CITY-ST-ZIP Delete fifte Change Addition | NAME PEDRETTI, RINA E. STREET ADDRESS 515 MADISON AVE RM 3304 STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP NEW YORK NY 11111 Addition Delete THE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete 111118 ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - 7IP CHY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADORESS 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)(f), 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

FILED

SIGNATURE: P. Douglas Freedle 2/28/05 212 935 0931

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR President Date Describe Propos #

changed, or on an attachment with an address, with all other like empowered.