

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000000378

FILED
Jan 12, 2005
Secretary of State

Entity Name: DENNIS SCOTT MAIR ACTUARIAL SERVICES LTD. (CORP)

Current Principal Place of Business:

1000 ISLAND BLVD., APT 3103
WILLIAMS ISLAND
AVENTURA, FL 33160

New Principal Place of Business:

Current Mailing Address:

1000 ISLAND BLVD., APT 3103
WILLIAMS ISLAND
AVENTURA, FL 33160

New Mailing Address:

FEI Number: 13-3168587

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAIR, DENNIS S
1000 ISLAND BLVD. APT 3103
AVENTURA, FL 33160 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: MAIR, DENNIS S
Address: 1000 ISLAND BLVD., APT 3103
City-St-Zip: AVENTURA, FL 33160 US

Title: DIR () Delete
Name: TORIELLO, DENISE S DIR
Address: 1000 ISLAND BLVD, #3103
City-St-Zip: AVENTURA, FL 33160 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DENISE TORIELLO

DIR

01/12/2005

Electronic Signature of Signing Officer or Director

_____ Date