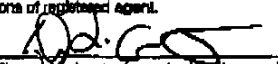
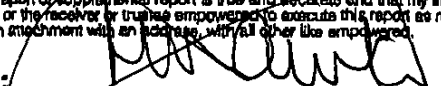


FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90116 049 ***150.00

**2005 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # F03000002389					
1. Entity Name CARDIFF HOLDINGS, INC.					
Principal Place of Business 845 PROTON ROAD SAN ANTONIO, TX 78258			Mailing Address 845 PROTON ROAD SAN ANTONIO, TX 78258		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 83-0340490	
				Applied For ☐ Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WAGLOW, NANCY 6035 EDGEWATER DRIVE ORLANDO, FL 32810			7. Name and Address of New Registered Agent Name Drew Carter Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 of Registered Agent 		DATE 4/29/05	
FILE NOW! FEE IS \$150.00 After May 1, 2005 Fee will be \$850.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	BOWERS, HENRY L		NAME		
STREET ADDRESS	845 PROTON ROAD		STREET ADDRESS		
CITY-ST-ZIP	SAN ANTONIO, TX 78258		CITY-ST-ZIP		
TITLE	S	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	RYAN, JANET		NAME		
STREET ADDRESS	17005 SPRINGHILL		STREET ADDRESS		
CITY-ST-ZIP	SAN ANTONIO, TX 78232		CITY-ST-ZIP		
TITLE	T	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	HAWKER, MIKE		NAME		
STREET ADDRESS	845 PROTON ROAD		STREET ADDRESS		
CITY-ST-ZIP	SAN ANTONIO, TX 78258		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ 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)(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 changed, or on an amendment with an address, with all other like empowered.					
SIGNATURE: 		Date 04/29/2005		Daytime Phone # 20-340-7165	
SIGNATURE AND TYPED OR PRINTED NAME OF AMEND OFFICER OR DIRECTOR		Date		Daytime Phone #	