Jan 27 05 08:15a Saundra M. Gumeove, Esq.

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Feb 03, 2005 8:00 am
Secretary of State
02-03-2005 90038 020 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F03000005329

1. Entity Name
REFLEX CORPORATION OF AMERICA, INC.

40011906

Principal Place of Business
1329 HIGHWAY 95 NORTH, SUITE 10
BOX 803B
GARDNERVILLE, NV 89410

Mailing Address
1329 HIGHWAY 95 NORTH, SUITE 10
BOX 803B
GARDNERVILLE, NV 89410

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

01132005 Chg-P CR2E034 (10/03)

4. FEI Number
88-0324293
Applied For
Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCNAMARA, PATRICK
940 SWEETWATER LANE, SUITE 405
BOCA RATON, FL 33431

7. Name and Address of New Registered Agent

Name
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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May be Added to Fees

10. OFFICERS AND DIRECTORS		☐ Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		☐ Change ☐ Addition
TITLE	CPST		TITLE		
NAME	MCNAMARA, PATRICK		NAME		
STREET ADDRESS	2857 SHERWOOD HEIGHTS DRIVE, UNIT 3 & 4		STREET ADDRESS		
CITY-ST-ZIP	OAKVILLE, ONTARIO, CANADA, L6J7J9		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		
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)(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: Patrick McNamara PRESIDENT JAN 31/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Title Daytime Phone