2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000000084

Entity Name: PRELIST AMERICA, INC.

FILED Jan 04, 2005 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
1593 SPRING HILL ROAD, SUITE 605 VIENNA, VA 22182				1593 SPRING HILL ROAD SUITE 605 VIENNA, VA 22182		
Current Mailing Address:				New Mailing Address:		
1593 SPRING HILL ROAD, SUITE 605 VIENNA, VA 22182				1593 SPRING HILL ROAD SUITE 605 VIENNA, VA 22182		
FEI Number:	04-3752959	FEI Number Applied For ()	FEI Nun	nber Not Appl	icable ()	Certificate of Status Desired ()
Name and	Address of C	Current Registered Agent:		Name and	Address of N	lew Registered Agent:
526 E. PAF TALLAHAS The above	VICES, INC. RK AVENUE SSEE, FL 3230 named entity se of Florida.		urpose o	f changing i	ts registered o	ffice or registered agent, or both,
SIGNATUF	RE:					
	Electron	nic Signature of Registered Age	nt			Date
Election Can	npaign Financing	g Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	BRUSH, EDWA	NOR WARFIELD PARKWAY, SUITE 3	302	Title: Name: Address: City-St-Zip:	()	Change ()Addition
Title: Name: Address: City-St-Zip:	BOULAND, H. D	NOR WARFIELD PARKWAY, SUITE 3	302	Title: Name: Address: City-St-Zip:	()	Change ()Addition
Title: Name: Address: City-St-Zip:	CAGGIANO, MÍ	HILL RD, STE 605		Title: Name: Address: City-St-Zip:	()	Change () Addition
Title: Name: Address: City-St-Zip:	CAGGIANO, MI	HILL ROAD, SUITE 605		Title: Name: Address: City-St-Zip:	()	Change ()Addition
Title: Name: Address: City-St-Zip:	BOULAND, H. C	NOR WARFELD PKWY, STE 502		Title: Name: Address: City-St-Zip:	BOULAND, H. C	NOR WARFIELD PKWY, STE 302
Title: Name: Address: City-St-Zip:	CAGGIANO, MÍ	HILL RD, STE 605		Title: Name: Address: City-St-Zip:	()	Change () Addition

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: MICHAEL CAGGIANO P 01/04/2005