

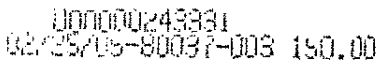
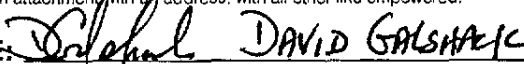


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # F04000003010</b>		
1. Entity Name INTERHOBA, INC.		
Principal Place of Business 103 N. LAKE DRIVE ORMOND BEACH, FL 32174		Mailing Address 103 N. LAKE DRIVE ORMOND BEACH, FL 32174
<b>DO NOT WRITE IN THIS SPACE</b>		
		 02222005 No Chg-P CR2E034 (10/03)
4. FEI Number 13-3182362		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
GALSHACK, DAVID 103 N. LAKE DRIVE ORMOND BEACH, FL 32174		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD GLADKY, BORIS 103 N. LAKE DRIVE ORMOND BEACH, FL 32174	 000000243331 02/25/05-80037-003 150.00 <b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GALSHACK, DAVID 103 N. LAKE DRIVE ORMOND BEACH, FL 32174	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FLOCH, GAIL 103 N. LAKE DRIVE ORMOND BEACH, FL 32174	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS 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:  DAVID GALSHACK		2/22/05 386-437-2993
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #