2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005
Secretary of State

DOCUMENT# F04000006636

Entity Name: EMBASSY INTERNATIONAL, INC.

Current Principal Place of Business:

664 OAK HOLLOW WAY
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

Current Mailing Address:

664 OAK HOLLOW WAY
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

FEI Number: 73-1552784 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MATULA, DENNIS L
664 OAK HOLLOW WAY
ALTAMONTE SPRINGS, FL 32714 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

OFFICERS AND DIRECTORS:

Title: CP ( ) Delete
Name: MATULA, DENNIS L
Address: 664 OAK HOLLOW WAY
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: DV ( ) Delete
Name: NOLL, NICHOLAS
Address: 1039 LAKE POINT LANE
City-St-Zip: BIRMINGHAM, AL 35244

Title: DS ( ) Delete
Name: MATULA, JULIE A
Address: 664 OAK HOLLOW WAY
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: MATULA, DENNIS L
Address: 664 OAK HOLLOW WAY
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: VP (X) Change ( ) Addition
Name: NOLL, NICHOLAS
Address: 1039 LAKE POINT LANE
City-St-Zip: BIRMINGHAM, AL 35244

Title: SEC (X) Change ( ) Addition
Name: MATULA, JULIE A
Address: 664 OAK HOLLOW WAY
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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

SIGNATURE: DENNIS L. MATULA PRES 04/25/2005

Electronic Signature of Signing Officer or Director — Date