

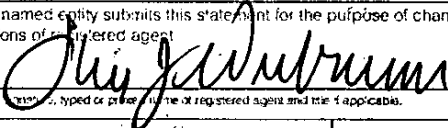
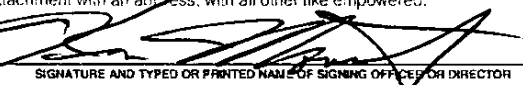


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-03-2005 90081 044 \*\*\*150.00

<b>DOCUMENT # F46734</b> 1. Entity Name <b>PALLAS-ATHENA INTERNATIONAL, INC.</b>					
Principal Place of Business <b>3305 ATLANTIC BLVD SUITE C JACKSONVILLE, FL 32207 US</b>			Mailing Address <b>4446 HENDRICKS AVE 341 JACKSONVILLE, FL 32207 US</b>		
2. Principal Place of Business <b>2785 Parental Home Rd.</b> <small>Suite, Apt. #, etc.</small>		3. Mailing Address <small>Suite, Apt. #, etc.</small>			
City & State <b>Jacksonville, Florida</b>		City & State <small>City &amp; State</small>		4. FEI Number <b>59-2660660</b>	
Zip <b>32216</b>		Country <b>Duval</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>WEINBAUM, STEPHEN J. ESQUIRE 204 WASHINGTON STREET JACKSONVILLE, FL 32202</b>			7. Name and Address of New Registered Agent Name <b>Weinbaum, Stephen J. Esquire</b> Street Address (P.O. Box Number is Not Acceptable) <b>500 North Ocean St.</b> City <b>Jacksonville</b> <b>FL</b> Zip Code <b>32202</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 the registered agent. SIGNATURE  DATE <b>4.27.05</b> <small>(NOTE: Registered Agent signature required when re-registering)</small>					
<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"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PM MONCRIEF, KEN M. 2051 ART MUSEUM DR #140 JACKSONVILLE, FL 32207	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PM Moncrief, Ken M. 2785 Parental Home Rd. Jacksonville, Fl. 32216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MONCRIEF, SHIRLEY J. 2051 ART MUSEUM DR #140 JACKSONVILLE, FL 32207	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Moncrief, Shirley J. 2785 Parental Home Rd. Jacksonville, <del>Fl.</del> Fl. 32216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <b>4-26-05</b> Daytime Phone # <b>(904) 707-7743</b>	