## - 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 22, 2005 08:00 AM Secretary of State

DOCUMENT # F82207  1. Entity Name AZUREA, INC.								
Principal Place of Business	Mailing Address							
365 GUS HIPP BLVD	365 GUS HIPP BLVD							
POCKLEDGE EL 32955	_ ROCKLEDGE, FL 32955							

ROCKLEDGE,	ROCKLEDGE, FL 32955 — ROCKLEDGE, FL 32955							
DO NOT WRITE IN THIS SPACE			CE	04202005  4. FEI Numb 59-219 5. Certificate	34 (10/03)  Applied For Not Applicable \$8.75 Additional			
6. Name and Address of Current Registered Agent				5. Ceranicate	ov Status Desired	<u> </u>	Fee Required	
DE BUSK, 3208 WES COCOA, F	THOMAS TCHESTER DRIVE	DO NOT WRITE IN THIS SPACE						
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 tills if applicable. (NOTE. Registered Agent signature required when reinstating).  DATE								
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	g. Election Campaign Finan     Trust Fund Contribution.		\$5.00 May Be Added to Fees	<u> </u>	DATE		
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND DIR DP DEBUSK, THOMAS A 3208 WESTCHESTER DRIVE COCOA, FL 32926 DS DEBUSK, SUZANNE B 3208 WESTCHESTER DRIVE	ECTORS			U00000 04/22/05-	32 <b>4</b> 711 30105-	004 158 75	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	COCOA, FL 32926	<u> </u>	DO NOT WRITE IN THIS SPACE					
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	, <del></del>			···	and the second second			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				- Control of the Cont			a company	

12. I hereby certify that the information supplied with this filling 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/05

321-631-0610

Daytime Phone #