2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97587

FILED Mar 15, 2005 Secretary of State

Entity Na	me: RON THO	OMPSON, INC.			
Current P	Principal Place	of Business:	New Principal Place	New Principal Place of Business:	
	LORENZO ABLES, FL 33	146	351 SAN LORENZO CORAL GABLES, FL	351 SAN LORENZO CORAL GABLES, FL 33134	
Current Mailing Address:			New Mailing Address	New Mailing Address:	
% KNOWLES & CO., CPA 7550 SW 57TH AVENUE MIAMI, FL 33143			RON THOMPSON 739 ESCOBAR AVE CORAL GABLES, FL 33143		
FEI Number	r: 59-2213644	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and	d Address of C	Current Registered Agent:	Name and Address of	of New Registered Agent:	
739 ESCC CORAL G The above	ABLES, FL 33		purpose of changing its registere	d office or registered agent, or both,	
SIGNATU	RE:				
	Electror	ic Signature of Registered Ag	ent	Date	
Election Ca	mpaign Financing	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () THOMPSON, R 739 ESCOBAR CORAL GABLE		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	STD () THOMPSON, LI 739 ESCOBAR CORAL GABLE		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: RON THOMPSON **PRES** 03/15/2005