2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000000776

RICHARDSON, LAWRENCE S

533 GREENBRIER AVE

CELEBRATION, FL 34747

Name:

Address:

City-St-Zip:

FILED Apr 17, 2005 Secretary of State

Entity Na	me: COMPET	TITIVE RESOURCES INC.					
Current Principal Place of Business:				New Principal Place of Business:			
533 GREENBRIER AVE CELEBRATION, FL 34747				619 TEAL AVE CELEBRATION, FL 34747			
Current Mailing Address:				New Mailing Address:			
533 GREENBRIER AVE CELEBRATION, FL 34747				619 TEAL AVE CELEBRATION, FL 34747			
FEI Number	: 77-0457680	FEI Number Applied For () FEI Nur	nber Not Appl	icable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
RICHARDSON, LAWRENCE S 533 GREENBRIER AVE CELEBRATION, FL 34747 US				RICHARDSON, LAWRENCE S 619 TEAL AVE CELEBRATION, FL 34747 US			
	e named entity e of Florida.	submits this statement for	the purpose c	of changing i	ts registe	ered office or registered agent, or both,	
SIGNATURE:				04/17/2005			
	Electron	nic Signature of Registered	d Agent			Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	CP (KEMPER, ROE 1250 FAIRVIE\ OJAI, CA 9302	W COURT		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	DV (ANDERS, JOH 3930 SEA GRA DELRAY BEAC	APE CIR		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	DS (CAHILL, DOUG 2291 HEBRON GLASTONBUR	AVE.		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title:	DT () Delete		Title:	DT	(X) 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.

Name:

Address:

City-St-Zip:

SIGNATURE: LAWRENCE S. RICHARDSON DT 04/17/2005

RICHARDSON, LAWRENCE S

CELEBRATION, FL 34747

619 TEAL AVE