


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 05, 2005 8:00 am**  
**Secretary of State**

04-05-2005 90054 011 \*\*\*150.00

<b>DOCUMENT # F98000002206</b> 1. Entity Name <b>KASSIE, INC.</b>					
Principal Place of Business <b>C/O PETER SORGI, ESQ. 50 STANIFORD ST. BOSTON, MA 02114-2517</b>			Mailing Address <b>C/O PETER SORGI, ESQ. 50 STANIFORD ST. BOSTON, MA 02114-2517</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	02022005    Chg-P    CR2E034 (10/03)	
4. FEI Number <b>03-0355516</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>WALLACE, JO-ANN D PASSAGES OF JUPITER ISLAND CONDOMINIUM 19750 BEACH ROAD, UNIT 602 TEQUESTA, FL 33469</b>			Name <b>Wallace, Jo-Ann D.</b>		
			Street Address (P.O. Box Number is Not Acceptable) <b>Cobia Pt. Condominium, Unit 4C</b>		
			<b>1515 Sombrero Blvd.</b>		
			City <b>Marathon</b> <b>FL</b> Zip Code <b>33055</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 registered agent.					
SIGNATURE: <i>Jo-Ann D. Wallace</i> DATE: <i>4/1/05</i> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</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</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PDC WALLACE, JO ANN D 19750 BEACH ROAD, UNIT 602 TEQUESTA, FL 33469</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VTD LOCKE, STEPHEN H PO BOX 2282 SOUTH BURLINGTON, VA 05407</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SDC SORGI, PETER 50 STANIFORD STREET, #804 BOSTON, MA 021142517</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SORGI, DAVID 50 STANIFORD STREET, #804 BOSTON, MA 021142517</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: <i>Peter Sorgi</i> PETER SORGI, SECRETARY    DATE: <i>4/1/05</i> Daytime Phone #: <i>(617) 742-2150</i>			