
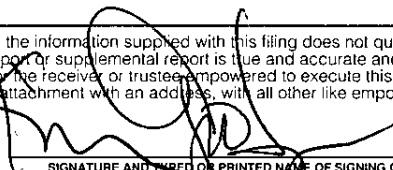


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2005 8:00 am
Secretary of State

03-16-2005 90025 011 ***150.00

DOCUMENT # F99000001398 1. Entity Name FENSTONE DEVELOPMENTS LIMITED COMPANY					
Principal Place of Business 255 NE 6TH AVE DELRAY BEACH, FL 33483			Mailing Address 255 NE 6TH AVE DELRAY BEACH, FL 33483		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0734078	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WINTZER, WILLIAM R 255 NE 6TH AVE DELRAY BEACH, FL 33483			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 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	D CRILL, JAMES DAVID P 22, GRENVILLE ST, ST. HELIER, JERSEY CHANNEL ISLANDS, UK,	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BINNIGTON, ALAN 22 GRENVILLE ST., HELIER, JERSEY CHANNEL ISLANDS, UK	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIES, NICOLA C 22, GRENVILLE ST, ST. HELIER, JERSEY CHANNEL ISLANDS, UK,	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BISSON, SANDRA 22 GRENVILLE ST, HELIER, JERSEY CHANNEL ISLAND, UK	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SNOWDEN, PETER R 22, GRENVILLE ST, ST. HELIER, JERSEY CHANNEL ISLANDS, UK,	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEMPSTER, SARASANE 22 GRENVILLE ST, HELIER, JERSEY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MOURANT & CO. SECRETARIES LIMITED 22, GRENVILLE, ST. HELIER, JERSEY CHANNEL ISLANDS, UK,	<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	AT WINTZER, WILLIAM R 255 NE 6TH AVE DELRAY BEACH, FL 33483	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOODYEAR, KIMBERLY A. 125 LA POSTA RD TAOS, NM 87571	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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: 			KIMBERLY GOODYEAR		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 3/16/05 Daytime Phone # (505) 758-5090		