2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000002181

Entity Name: SIRI INCORPORATED

FILED Apr 27, 2005 Secretary of State

a (B) : IBI (B) :	
Current Principal Place of Business:	New Principal Place of Business:

4235 ERINDALE DR. 7631 IRON BARK DR.

NORTH FORT MYERS, FL 33903 C/O DALNOKY
PORT RICHY, FL 34668

Current Mailing Address: New Mailing Address:

4235 ERINDALE DR. 7631 IRON BARK DR.

NORTH FORT MYERS, FL 33903 C/O DALNOKY PORT RICHY, FL 34668

FEI Number: 59-3581303 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ZAHN, CORNELIA A

4231 ERINDALE DR

FORT MYERS, FL 33903 US

ZAHN, CORNELIA A

7631 IRON BARK DR.

C/O DALNOKY

FORT MYERS, FL 33903 US C/O DALNOKY
PORT RICHY, FL 34668 US

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.

SIGNATURE: 04/27/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Name: ZAHN, JOCHEN Name: ZAHN, JOCHEN Address: HERMANN-AUST-STR.9/ D-86825/BADWORISHOFEN Address: HERMANN-AUST-STR.9

City-St-Zip: GERMANY, City-St-Zip: BAD WORISHOFEN, NR 86825 GE

Title: MD () Delete Title: MD (X) Change () Addition

 Name:
 ZAHN, CORNELIA
 Name:
 ZAHN, CORNELIA

 Address:
 4231 ERINDALE DR
 Address:
 7631 IRON BARK DR.

 City-St-Zip:
 FORT MYERS, FL 33903
 City-St-Zip:
 PORT RICHY, FL 34668

Title: D () Delete Title: D (X) Change () Addition

 Name:
 ZAHN, FLORIAN
 Name:
 ZAHN, FLORIAN

 Address:
 BLUESHER PLATZ
 Address:
 BLUECHER PLATZ

 City-St-Zip:
 ACHEN, GERMANY, 52070
 City-St-Zip:
 AACHEN, NR 52070 GE

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: CORNELIA ZAHN MRS 04/27/2005