

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

Amended
FILED

05 DEC -5 AM 11:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



11282005 Chg-P CR2E034 (10/03)

4. FEI Number
77-0521934

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DCEO
PAPA, ANTHONY E
501 BATH STREET
SANTA BARBARA, CA 93101

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PSD
PISANI, JAMES P
501 BATH STREET
SANTA BARBARA, CA 93101

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

CFO
WILSON, GREG
501 BATH STREET
SANTA BARBARA, CA 93101

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

104 W. ANAPAMU ST., STE C
SANTA BARBARA, CA. 93101

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

104 W. ANAPAMU ST., STE C
SANTA BARBARA, CA. 93101

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

104 W. ANAPAMU ST., STE C
SANTA BARBARA, CA. 93101

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

100061915541
12/05/05--01070--003 **61.25

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/28/05 (805) 884-6365

B. Mitchell DEC 6 2005