## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 04, 2005 08:00 AM Secretary of State

ANNUAL REPORT		Secretary of State	
DOCUMENT # F9900006394  1. Entity Name SYLAN, INC.		·	
Principal Place of Business Mailing Address  16210 BERTELLA DR 16210 BERTELLA DR ENCINO, CA 91436 ENCINO, CA 91436	Inn	- ·	
DO NOT WRITE IN THIS SF	01142 ACE 4. FEIN		
<b>.</b>	5. Certi	icate of Status Desired See Required Fee Required	
6. Name and Address of Current Registered Agent			
POHL & SHORT, P.A. 280 WEST CANTON AVE., #410 WINTER PARK, FL 32789	11	O NOT WRITE I THIS SPACE	
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			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00  9. Election Campaign Trust Fund Contrib		de	
10. OFFICERS AND DIRECTORS			
TITLE PD NAME LANDIS, MARTIN STREET ADDRESS 16210 BERTELLA DRIVE CITY-ST-ZIP ENCINO, CA 91436			
TITLE VP NAME LANDIS, LESUE STREET ADDRESS CITY-ST-ZIP ENCINO, CA 91436		04/04/05-80008-022 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY- ST-ZIP		N THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP  12. I bereby certify that the information supplied with this filling does not qualify for the	exemption stated in Section 119	37(3)(f). Florida Statutes. I further certify that the information	

2. Thereby certain that the information supplied with this litting does not quality for the exemption stated in section 119.07(5)(f), Profice Statutes. 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 OFFICENTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #