


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # K26260 1. Entity Name FINN LION INC.	
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Principal Place of Business 1517 NOTH L ST. LAKE WORTH, FL 33460	Mailing Address P.O. BOX 4367 LANTANA, FL 33462 US
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04272005 No Chg-P CR2E034 (10/03)


DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0066004	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ANTILA, MARTTI 1517 NO. L ST. LAKE WORTH, FL 33460
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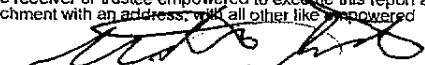
DO NOT WRITE IN THIS SPACE

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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE 4-27-05 <small>(NOTE: Registered Agent signature required when resigning)</small>

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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANTILA, ERKKI 809 N. FEDERAL HWY LAKE WORTH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JUHA ANTILA 928 SO. M. STREET LAKE WORTH, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE 4-27-05 <small>Date Daytime Phone #</small>