2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K27473

Entity Name: TESAURUS HOLDINGS, INC.

FILED Apr 13, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

240 CRANDON BOULEVARD 240 CRANDON BOULEVARD

SUITE 212 **UNIT 110**

KEY BISCAYNE, FL 33149 KEY BISCAYNE, FL 33149

Current Mailing Address: New Mailing Address:

240 CRANDON BOULEVARD 240 CRANDON BOULEVARD

SUITE 212 **UNIT 110**

KEY BISCAYNE, FL 33149 US KEY BISCAYNE, FL 33149

FEI Number: 65-0057940 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

KIENE, H. J KIENE, JOSEPH H 240 CRANDON BLVD. 240 CŔANDON BLVD.

SUITE 202 **UNIT 110** KEY BISCAYNE, FL 33149 US KEY BISCAYNE, FL 33149 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: JOSEPH KIENE 04/13/2005 Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition SCHARENBERG, FRITZ, Name: Name: SCHARENBERG, FRITZ, 240 CRANDON BLVD #202 240 CRANDON BLVD., UNIT 110 Address: Address: City-St-Zip: KEY BISCAYNE, FL 33149 City-St-Zip: KEY BISCAYNE, FL 33149

() Delete Title: **EVPD** Title: **EVPD** (X) Change () Addition

Name: HERMAN J KIENE. Name: KIENE, JOSEPH H 240 CRANDON BLVD #202 240 CRANDON BLVD., UNIT 110 Address: Address: KEY BISCAYNE, FL 33149 KEY BISCAYNE, FL 33149 City-St-Zip: City-St-Zip:

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

OPRZADEK, RON OPRZADEK, RON Name: Name:

240 CRANDON BLVD #202 240 CRANDON BLVD., UNIT 110 Address: Address: City-St-Zip: KEY BISCAYNE, FL 33149 City-St-Zip: KEY BISCAYNE, FL 33149

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: JOSEPH H. KIENE **EVPD** 04/13/2005