2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2005
Secretary of State

DOCUMENT# K63477

Entity Name: S & N ENTERPRISES LIMITED, INC.

Current Principal Place of Business:

% SALVATORE A. OLIVIERI
8196 COACHLIGHT RIDGE
SEMINOLE, FL 33772

New Principal Place of Business:

% SALVATORE A. OLIVIERI
6090 SEMINOLE BLVD
SEMINOLE, FL 33772

Current Mailing Address:

% SALVATORE A. OLIVIERI
8196 COACHLIGHT RIDGE
SEMINOLE, FL 33772

New Mailing Address:

FEI Number: 59-2922571 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OLIVIERI, SALVATORE A.
8196 COACHLIGHT RIDGE
SEMINOLE, FL 34642 US

Name and Address of New Registered Agent:

OLIVIERI, SALVATORE A.
8196 COACHLIGHT CIRCLE
SEMINOLE, FL 33776 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: 03/19/2005
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: OLIVIERI, SALVATORE, A.
Address: 8196 COACHLIGHT CIRCLE
City-St-Zip: SEMINOLE, FL 33776

Title: D ( ) Delete
Name: OLIVIERI, NANCY C.,
Address: 8196 COACHLIGHT CIRCLE
City-St-Zip: SEMINOLE, FL 33776

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: OILVIERI, SALVATORE A
Address: 8196 COACHLIGHT CIRCLE
City-St-Zip: SEMINOLE, FL 33776

Title: D (X) Change ( ) Addition
Name: OLIVIERI, NANCY C
Address: 8196 COACHLIGHT CIRCLE
City-St-Zip: SEMINOLE, FL 33776

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: OLIVIERI, NANCY C D 03/19/2005
Electronic Signature of Signing Officer or Director — Date