2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE CONSTANT OF THE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Apr 30, 2005 08:00 AM Secretary of State

| DOCUMENT # K87202 1. Entity Name EUROPEAN CONTOUR SYSTEMS, INC. | | | | | Secr | etary o | State |
|---|--|---------------------------------------|------------------------------------|---------------------------|-----------------------------|--|-------------------------------------|
| Principal Place of Business 5843 COMMERCE STREET JACKSONVILLE, FL 32211 Mailing Address 5843 COMMERCE STREET JACKSONVILLE, FL 32211 | | | | | 1 NASH TRAGE SENI RESSE NGA | \$1811 \$1811 \$1817 \$1 81 \$1 | AK 5/4/(53 / // 15 /5 |
| D | O NOT WRITE IN | CE | 04262005 4. FEI Numbe 59-301 | | CR2E034 (10 | Applied For Not Applicable Additional | |
| HILL, CONSTANCE O. 5843 COMMERCE STREET 32211, FL 32211 | | | 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 Signature, typod or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) OATE | | | | | | | |
| FILE NOW!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. | | | | .00 May Be led to Fees | - 164000 | burons | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HILL, CONSTANCE O. 5843 COMMERCE STREET JACKSONVILLE, FL 32211 | TORS | | | 000008 04/30/05- | | 150.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | | | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | . <u> </u> | | IN ⁻ | THIS SF | PACE | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | | | |
| 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. | | | | | | | |