2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 18, 2005 08:00 AM Secretary of State

		<u> </u>			
DOCUMENT # K94317 1. Entity Name FBC LIQUIDATING, INC.			Secretary of State		
Principal Plac 2098 SANDI NOKOMIS, FI		Mailing Address 2098 SANDHILL LANE NOKOMIS, FL 34275 US			
DO NOT WRITE IN THIS SPAC			CE	02162005 No Chg-P CR2E034 (10/03) 4. FEI Number	
PRESTON, FRANK 2098 SANDHILL LANE NOKOMIS, FL 34275			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, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE 18 \$150.00 After May 1, 2005 Fee will be \$550.00 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. NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Trust Fund Contribution.					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PRESTON, FRANK 2095 SAND HILL LANE NOKOMIS, FL 34275	IECTORS		· · · · · · · · · · · · · · · · · ·	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BEALL, DAVID L 596 MOSSY CREEK DR			บดบบบบ234837 อ2/18/05−80003−815 150.0Ŭ	
TITLE NAME STREET ADDRESS CITY-SY-ZIP	C BEALL, JIM 18171 LOST CREEK LN SPRING LAKE, MI 49456			DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				- Communication	
TITLE NAME			-		

12. I hereby certify that the information supplied with this filling 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 supplied enter the end 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 feceiver 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:

AM HOLEN FRANK J. PRES 70W NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 16 2005

Date

941-412-9587

Daytime Phone #