06-20-2005 90004 026 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
05 JUL -6 PM 2:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K96804

1. Entity Name
SERAPHIM & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
2476 COLLINGS WOOD BLVD PORT CHARLOTTE, FL 33948 US	P. O. BOX 784 CAMBRIDGE, ONTARIO N1R5W6 CANADA, XX

05092005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.: 501 EAST BAY DR UNIT 1801	Suite, Apt. #, etc.: P.O. Box 784
City & State: LARGO, FLORIDA	City & State: Cambridge, ON
Zip: 33770 Country: USA	Zip: N1R 5W6 Country: CANADA

4. FEI Number: 59-2995654 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SERAPHIM, NICKOLAS 2476 COLLINGSWOOD BLVD PORT CHARLOTTE, FL 33948	Name: P. SERAPHIM Street Address (P.O. Box Number is Not Acceptable): 501 EAST BAY DRIVE UNIT #1801 City: LARGO FL Zip Code: 33770

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: PAUL SERAPHIM JUNE 6, 2005
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PVST SERAPHIM, NICKOLAS 2476 COLLINGS WOOD BLVD. PORT CHARLOTTE, FL 33948	☒ Delete	PVST PAUL SERAPHIM 501 EAST BAY DRIVE UNIT #1801 LARGO FLORIDA 33770	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SERAPHIM, NICKOLAS 2476 COLLINGS WOOD BLVD. PORT CHARLOTTE, FL 33948	☒ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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: PAUL SERAPHIM June 6/05 519-650-4923
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #