

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L26481

FILED
Feb 19, 2005
Secretary of State

Entity Name: VINSHAR ENTERPRISES, INC.

Current Principal Place of Business:

423 OAK CREEK LANE
PALM HARBOR, FL 34684 US

New Principal Place of Business:

2328 DE VORE STREET
NORTH PORT, FL 34286 US

Current Mailing Address:

423 OAK CREEK LANE
PALM HARBOR, FL 34684 US

New Mailing Address:

2328 DE VORE STREET
NORTH PORT, FL 34286 US

FEI Number: 65-0161322

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

COWAN, CATHLEEN M
423 OAK CREEK LANE
PALM HARBOR, FL 34684 US

Name and Address of New Registered Agent:

COWAN, CATHLEEN M
2328 DE VORE STREET
NORTH PORT, FL 34286 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: CATHLEEN M. COWAN

02/19/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: COWAN, CATHLEEN
Address: 423 OAK CREEK LANE
City-St-Zip: PALM HARBOR, FL 34684

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: COWAN, CATHLEEN M
Address: 2328 DE VORE STREET
City-St-Zip: NORTH PORT, FL 34286

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: CATHLEEN M. COWAN

PRES

02/19/2005

Electronic Signature of Signing Officer or Director

Date