
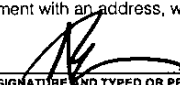


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2005 8:00 am**  
**Secretary of State**

04-14-2005 90113 035 \*\*\*150.00

<b>DOCUMENT # L54919</b> 1. Entity Name <b>AWESOME ENTERPRISES, INC.</b>			
Principal Place of Business <b>4635 SOUTHERN BLVD WEST PALM BEACH, FL 33415</b>		Mailing Address <b>4635 SOUTHERN BLVD WEST PALM BEACH, FL 33415</b>	
2. Principal Place of Business <b>7301 Wallis Road</b> Suite, Apt. #, etc.		3. Mailing Address <b>7301 Wallis Road</b> Suite, Apt. #, etc.	
City & State <b>West Palm Beach, FL</b> Zip <b>33413</b> Country <b>USA</b>		City & State <b>West Palm Beach, FL</b> Zip <b>33413</b> Country <b>USA</b>	
4. FEI Number <b>65-0181817</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>EVANS, ALEX 4635 SOUTHERN BLVD WEST PALM BEACH, FL 33415</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP EVANS, ALEX 4635 SOUTHERN BLVD. WEST PALM BEACH, FL	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T EVANS, ALEX 4635 SOUTHERN BLVD. WEST PALM BEACH, FL	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Evans, Aley 7301 Wallis Road West Palm Beach, FL 33413	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Evans, Susan 7301 Wallis Road West Palm Beach, FL 33413	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Evans, Susan 7301 Wallis Road West Palm Beach, FL 33413	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Evans, Susan 7301 Wallis Road West Palm Beach, FL 33413	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Evans, Susan 7301 Wallis Road West Palm Beach, FL 33413	<input type="checkbox"/> Change <input type="checkbox"/> 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: 		Date <b>4/8/05</b> Daytime Phone # <b>561 693-1100</b>	