

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M56874

FILED
Apr 11, 2005
Secretary of State

Entity Name: CASUAL ENVIRONS, INC.

Current Principal Place of Business:

1855 GRIFFIN RD, STE B-200
DANIA BEACH, FL 33004

New Principal Place of Business:

1855 GRIFFIN RD.
SUITE B-200
DANIA BEACH, FL 33004

Current Mailing Address:

1855 GRIFFIN RD, STE B-200
DANIA BEACH, FL 33004

New Mailing Address:

1855 GRIFFIN RD.
SUITE B-200
DANIA BEACH, FL 33004

FEI Number: 59-2835323

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CFRA LLC
CORPORATE CENTER THREE AT INT'L PLAZA
4221 W. BOY SCOUT BLVD, 10TH FLOOR
TAMPA, FL 336075736 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PAULEN, KEITH,
Address: 12826 SW 104TH PLACE
City-St-Zip: MIAMI, FL 33176

Title: TDS () Delete
Name: PAULEN, JACQUES,
Address: 3000 ISLAND BLVD APT #2202
City-St-Zip: MIAMI, FL 33160

Title: VPD () Delete
Name: PAULEN, LESLIE
Address: 5297 SW 34TH AVE
City-St-Zip: FORT LAUDERDALE, FL 33312

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: LESLIE PAULEN

VPD

04/11/2005

Electronic Signature of Signing Officer or Director

Date