


2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # M61650		
1. Entity Name ON GOSSAMER, INC.		

FILED

05 SEP -7 PM 4:54

SECRETARY STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 8785 NW 13TH TERR MIAMI, FL 33172 US	Mailing Address 8785 NW 13TH TERR MIAMI, FL 33172 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

08312005 Chg-P CR2E034 (10/03)

4. FEI Number 65-0010678	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SMOLEY, STEVEN P 8785 NW 13TH TERR MIAMI, FL 33172	
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7. Name and Address of New Registered Agent Name <u>FRANCINE BRAUN</u> Street Address (P.O. Box Number is Not Acceptable) <u>8785 NW 13TH TERRACE</u> City <u>MIAMI</u> FL Zip Code <u>33172</u>	
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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 <u>FRANCINE BRAUN</u> <u>Francine Braun</u> <u>8/31/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE	
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Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO SMOLEV, S P <input checked="" type="checkbox"/> Delete 8785 NW 13TH TERR MIAMI, FL 33172	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000059739380 09/19/05--01039--009 **\$61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DENMAN, H <input checked="" type="checkbox"/> Delete 8785 NW 13TH TERR MIAMI, FL 33172	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHAIRMAN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MARIO CIARDULLI 8785 NW 13TH TERRACE MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT + CEO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition FRANCINE BRAUN 8785 NW 13TH TERRACE MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition CARLOS BAREM 8785 NW 13TH TERRACE MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: <u>Francine Braun</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>8/31/05</u> <small>Date</small>
<small>Daytime Phone #</small>	