


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90038 010 ***158.75

DOCUMENT # M81567	
1. Entity Name NULPE INTERNATIONAL CORP.	

Principal Place of Business 28 FLAMINGO HAMMOCK ROAD P.O. BOX 441 ISLAMORADA FL 33036	Mailing Address 28 FLAMINGO HAMMOCK ROAD P.O. BOX 441 ISLAMORADA FL 33036
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2. Principal Place of Business 135 Gimpy Gulch Dr.	3. Mailing Address P.O. Box 441
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Islamorada, Fl.	City & State Islamorada, Fl.
Zip 33036	Zip 33036
Country	Country

	
1st MOORE	CR2E034 (10/04)
4. FEI Number 65-0048322	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MCVICKER, DOUGLAS H. 28 FLAMINGO HAMMOCK ROAD P.O. BOX 441 ISLAMORADA FL 33036-7441	
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7. Name and Address of New Registered Agent	
Name McVicker, Douglas H.	
Street Address (P.O. Box Number is Not Acceptable) 135 Gimpy Gulch Dr.	
P.O. Box 441	
City Islamorada	FL Zip Code 33036

8. The above named entity submits this statement for the purpose of changing its registered office (or registered agent) in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE 	Douglas H. McVicker, Pres.
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)	
DATE 01/28/05	

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD MCVICKER, DOUGLAS 28 FLAMINGO HAMMOCK ROAD ISLAMORADA FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD GARMS, ULRIKE 28 FLAMINGO HAMMOCK ROAD ISLAMORADA FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD McVicker, Douglas H. 135 Gimpy Gulch Dr. Islamorada, FL. 33036 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD Garms, Ulrike 135 Gimpy Gulch Dr. Islamorada, FL. 33036 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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: 	Ulrike Garms, V.P.	01/28/05	(305) 664-8466
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #