## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

## FILED May 03, 2005 8:00 am Secretary of State 05-03-2005 90074 028 \*\*\*150.00

1. Entity Name	MENT # M92900 DUSTRIES, INC.			03-03-2	2003 9007 4 026 130.00
Principal Place of Business 545 DATE PALM DRIVE LAKE PARK, FL 33403		Mailing Address 545 DATE PALM DRIVE LAKE PARK, FL 33403			
2. Principal Place of Business 11426 88th Road North Suite, Apt. #, etc.		3. Malling Address 11426 88th Road, North Suite, Apr. #, etc.		03262005 Chg-P	CR2E034 (10/03)
Clive State West Palm Beach, FL		City & State West Palm Beach, FL		4. FEI Number 65-0064837	Applied For Not Applicable
Zip 33412	Country	Zip 33412.	Country	5. Certificate of Status Desire	sd S8.75 Additional Fee Required
	6. Name and Address of Current	Registered Agent	Name	7. Name and Address of Ne	w Registered Agent
DELEO, RALPH J 5200 NORTH OCEAN DRIVE SINGER ISLAND, FL 33404			1194	ss (P.O. Box Number is Not Accept SW Live Oak Cov St. Lucie	
			City		FL 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  SIGNATURE					
FILI	Signalum, typed or printed name of supistated aport  E NOW!!! FEE IS \$150,00 ay 1, 2005 Fee will be \$550.	9. Election Campai		\$5.00 May Be Added to Fees	DATE
10.	OFFICERS AND	DIRECTORS Delete	11.	ADDITIONS/CHANGES TO	OFFICERS AND DIRECTORS IN 11    Change   Addition
NAME STREET ADDRESS CITY-ST-ZIP	BIGGS, DAVID 545 DATE PALM DRIVE LAKE PARK, FL		NAME STREET ADDRESS CITY-ST-ZIP	11426 88th Road, West Palm Beach,	North. FL 33412.
NAME STREET ADDRESS CITY-ST-ZIP	D BIGGS, JANICE 545 DATE PALM DRIVE LAKE PARK, FL	☐ Dolete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	11426 88th Road, West Palm Beach	☑ Change ☐ Addition :  North  FL 33412
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addillon
TITLE NAME SIREET ADDRESS CITY-ST-ZIP		☐ Dolote	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition
TITLE NAME STREET ADDRESS GTY-ST-ZIP		☐ Uelele	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: SIGNATURE: DAVIDW, BIEGS 4-2605  SIGNATURE AND TYPED OR PRINTED NAME OF BIONING OFFICER OR DIRECTOR  DAVID W. BIEGS 4-2605  David Dav					