


**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90550 031 \*\*\*150.00

**2005 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

<b>DOCUMENT # M95945</b>				
1. Entity Name <b>S-SLASH, INC.</b>				
Principal Place of Business <b>491 GARVEY RD. SW PALM BAY, FL 32908</b>		Mailing Address <b>491 GARVEY RD. SW PALM BAY, FL 32908</b>		
2. Principal Place of Business <b>10675 141ST AVE</b> Suite, Apt. #, etc.		3. Mailing Address <b>10675 141ST AVE</b> Suite, Apt. #, etc.		
City & State <b>FELLSMERE, FL</b>		City & State <b>FELLSMERE, FL</b>		4. FEI Number <b>65-0105206</b>
Zip <b>32948</b>	Country <b>INDIAN RIVER</b>	Zip <b>32948</b>	Country <b>INDIAN RIVER</b>	Applied For Not Applicable
6. Name and Address of Current Registered Agent <b>PLATT, ROY E 491 GARVEY RD SW PALM BAY, FL 32908</b>				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>10675 141ST AVENUE</b> City <b>FELLSMERE, FL</b> Zip Code <b>32948</b>				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				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 May Be Added to Fees</b>		
<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 PLATT, ROY 491 GARVEY RD SW PALM BAY, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	10675 141ST AVE FELLSMERE, FL 32948 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST PLATT, SANDRA 491 GARVEY RD SW PALM BAY, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	10675 141ST AVE FELLSMERE, FL 32948 <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	<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	<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	<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	<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>Sandra C. Platt</u> <u>Sandra C. Platt, Secretary</u>				Date: <u>4/15/05</u> Daytime Phone #: <u>(772) 591-0154</u>

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04132005 Chg-P CR2E034 (10/03)