

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004947

FILED
Apr 26, 2005
Secretary of State

Entity Name: REEF RESOURCES, INC.

Current Principal Place of Business:

8605 US HWY 1
OAK HILL, FL 32759

New Principal Place of Business:

860 SOUTH US HWY 1
OAK HILL, FL 32759

Current Mailing Address:

P.O. BOX 1020
OAK HILL, FL 32759

New Mailing Address:

FEI Number: 65-1029353 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCMASTER, MICHAEL F
2630 ROYAL PALM DR.
EDGEWATER, FL 32141 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

OFFICERS AND DIRECTORS:

Title: PDD () Delete
Name: MCMASTER, MICHAEL F
Address: 2118 SABAL PALM DRIVE
City-St-Zip: EDGEWATER, FL 32141

Title: PD () Delete
Name: COBURN, JOHN F
Address: 7 FRANKLIN AVE
City-St-Zip: CRANFORD, NJ 07016

Title: D () Delete
Name: THOMAS, CLOTH
Address: 2569 HEDGROW DRIVE N.E
City-St-Zip: MARIETTA, GA 30066

Title: D () Delete
Name: STOLPE, NILS
Address: 3840 TERWOOD DRIVE
City-St-Zip: DOYLESTOWN, PA 18901

Title: SD () Delete
Name: MCMASTER, CATHERINE
Address: 2118 SABAL PALM DRIVE
City-St-Zip: EDGEWATER, FL 32141

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDD (X) Change () Addition
Name: MCMASTER, MICHAEL F
Address: 2630 ROYAL PALM DRIVE
City-St-Zip: EDGEWATER, FL 32141

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

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

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

Title: SD (X) Change () Addition
Name: MCMASTER, CATHERINE
Address: 2630 ROYAL PALM DRIVE
City-St-Zip: EDGEWATER, FL 32141

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CATHERINE M MCMASTER

SEC

04/26/2005

Electronic Signature of Signing Officer or Director

Date