

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005423

FILED
Mar 29, 2005
Secretary of State

Entity Name: DR. B'S ASSEMBLIES, INC.

Current Principal Place of Business:

270 RIVERSIDE DRIVE
PALM BEACH GARDENS, FL 33410

New Principal Place of Business:

Current Mailing Address:

270 RIVERSIDE DRIVE
PALM BEACH GARDENS, FL 33410

New Mailing Address:

FEI Number: 16-1617434

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK, INC.
941 FOURTH STREET #200
MIAMI BEACH, FL 33139 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: D () Delete
Name: BARANYI, HELMUT
Address: 270 RIVERSIDE DRIVE
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: D () Delete
Name: BARANYI, CAROL A
Address: 270 RIVERSIDE DRIVE
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: D () Delete
Name: MANZINELLI, CARMEN
Address: 2601 PAULORI DRIVE
City-St-Zip: ORLANDO, FL 32835

Title: D () Delete
Name: CLARK, MATTHEW
Address: 200 RAMBLE WOOD DRIVE
City-St-Zip: SANFORD, FL 32773

Title: D () Delete
Name: PUTERBAUGH, JAN D
Address: 120 BORADA RD
City-St-Zip: SANFORD, FL 32773

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BARANYI, HELMUT
Address: 270 RIVERSIDE DRIVE
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: S/T (X) Change () Addition
Name: BARANYI, CAROL A
Address: 270 RIVERSIDE DRIVE
City-St-Zip: PALM BEACH GARDENS, FL 33410

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

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

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

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: HELMUT BARANYI

P

03/29/2005

Electronic Signature of Signing Officer or Director

Date