


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 31, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N02000005505</b> 1. Entity Name <b>PLACE OF RESTORATION, INC.</b>	
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Principal Place of Business <b>426 S DIXIE HWY POMPAN0 BEACH, FL 33060</b>	Mailing Address <b>P.O. BOX 697 POMPAN0 BEACH, FL 33061</b>
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03282005 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>13-4205499</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  <b>GOODRUM, ELLEN 551 NW 42ND AVE B514 PLANTATION, FL 33317</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GOODRUM, SAMMY 2238 FARRAGUT STREET HOLLYWOOD, FL 33020
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GOODRUM, ELLEN 551 NW 42ND AVENUE #514 PLANTATION, FL 33317
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T GOODRUM, SAMUEL J 2238 FARRAGUT ST HOLLYWOOD, FL 33020
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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03/31/05-80056-005 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, 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: Ellen Goodrum **3/28/05** **954-249-7750**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #