2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 23, 2005
Secretary of State

DOCUMENT# N02964

Entity Name: FIDACAP, INC.

Current Principal Place of Business:

2611 SARANAC AVE
WEST PALM BEACH, FL 33409 US

New Principal Place of Business:

Current Mailing Address:

2611 SARANAC AVE
WEST PALM BEACH, FL 33409 US

New Mailing Address:

FEI Number: 59-2531694 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

GOELET, GLORIA
2611 SARANAC AVE
WEST PALM BEACH, FL 33409 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:	PTD	( ) Delete
Name:	GOELET, GLORIA,	
Address:	2611 SARANAC AVE	
City-St-Zip:	W. PALM BCH, FL 33409	
Title:	SD	( ) Delete
Name:	TAYLOR, ANNE,	
Address:	1768 S. OCEAN BLVD	
City-St-Zip:	PALM BCH, FL	
Title:	VPD	( ) Delete
Name:	BENNETT-MCGRADY, COLLEEN	
Address:	1800 FLORIDA AVE	
City-St-Zip:	WEST PALM BEACH, FL	
Title:	D	( ) Delete
Name:	TURNER, HELEN,	
Address:	430 29TH ST.	
City-St-Zip:	WEST PALM BEACH, FL	
Title:	D	( ) Delete
Name:	KENDER, JOHN	
Address:	4741 SOUTHERN BLVD	
City-St-Zip:	WEST PALM BEACH, FL	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:	( ) 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: GLORIA GOELET PTD 05/23/2005

Electronic Signature of Signing Officer or Director — Date