2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001185

Entity Name: INVICTUS T.C., INC.

FILED Jan 05, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 210 E COPELAND DR 210 E COPELAND DR ORLANDO, FL 32832 ORLANDO, FL 32806 **Current Mailing Address: New Mailing Address:** 210 E COPELAND DR 210 E COPELAND DR ORLANDO, FL 32832 ORLANDO, FL 32806 FEI Number: 46-0519425 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ANDERSON, ROB ANDERSON, ROB 210 EAST CÓPELAND DR. 210 EAST CÓPELAND DR. ORLANDO, FL 32832 ORLANDO, FL 32806 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: 01/05/2005 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete MERTZ, JOE Name: Name: 3956 TOWN CENTER BLVD Address: Address: City-St-Zip: ORLANDO, FL 32837 City-St-Zip: Title: Title: () Delete () Change () Addition LINDFORS, KRISTIN Name: Name: Address: 3703 LAKE ORLANDO PKWY #11 Address: City-St-Zip: ORLANDO, FL 32803 City-St-Zip: () Delete Title: Title: () Change () Addition STOLL, CID Name: Name: 4617 CASON COVE DR #927 Address: Address: City-St-Zip: ORLANDO, FL 32811 City-St-Zip: Title: () Delete Title: () Change () Addition Name: CHYCHOTA, PAUL Name: 252 DANIELS POINTE DR Address: Address: City-St-Zip: WINTER GARDENS, FL 34787 City-St-Zip: Title: () Delete Title: () Change () Addition CASE, DENISE Name: Name: 25302 NELL DR Address: Address: City-St-Zip: ORLANDO, FL 32832 City-St-Zip: Title: () Delete Title: () Change () Addition ANDERSON, TARA Name: Name: Address: 210 E COPLAND DR Address: ORLANDO, FL 32832 City-St-Zip: 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: TARA ANDERSON T 01/05/2005