2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 20, 2005 8:00 am Secretary of State

DOCUMENT # N03000002180 ** 1. Entity Name EUROPEAN CULTURAL CENTER, INC.					04-20-2005 90327	024 ****61.25	
Principal Place of Business 5711 BOWDEN RD STE 17 JACKSONVILLE, FL 32216 Mailing Address 5711 BOWDEN RD STE 17 JACKSONVILLE, FL 32216					5	0039595	
2. Principal Place of Business 10648 Brighton Hill Civ S. Suite, Apt. #, etc.				02282005			
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City & State Jackson VIII C City & State				4. FEI Number 51-0459	088	Applied For Not Applicable	
Zip F L	Country	32256	Country	5. Certificate of	Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Current Reg			=	ddress of New Registere	ed Agent	
ISOVIC ADNAN				IsoviC,	ovic, ADNAN		
ISOVIC, ADNAN 5711 BOWDEN RD STE 17 JACKSONVILLE, FL 32216				set Address (P.O. Box Number is Not Acceptable)			
JACKSON	VILLE, FL 32210		1064	B Bright acksonvi	on Hill	Cir. S.	
	;		City Jo	acKsonvi	ile F	Zip Code	
	named entity submits this statement for the ions of registered agent.	purpose of changing its reg	gistered office or r	registered agent, or both	in the State of Florida. Ta		
SIGNATURE Signature. Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required wh					05-3	20-69	
0.0	Signature, typed or printed name of registered agent and tit	e il applicable (NOTE: Re	egistered Agent signatur	e required when reinstating)	DAT	TE .	
	Signature, typed or printed name of registered agent and the Filling Fee is \$61.25 Due by May 1, 2005	9. Election Campa Trust Fund Con	algn Financing	\$5.00 May Be Added to Fees	Make ch	eck payable to partment of State	
10.	Filing Fee is \$61.25 Due by May 1, 2005 OFFICERS AND DIREC	9. Election Campa Trust Fund Con	algn Financing	\$5.00 May Be Added to Fees ADDITIONS/CHAI	Make ch Florida Dej	eck payable to partment of State DIRECTORS IN 10	
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12. I hereby certify that the information supplied with this filing does not qualify 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-58-02

(904)733-45

Daytime Phone