2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005
Secretary of State

DOCUMENT# N04000000105

Entity Name: MY ANON, CORPORATION

Current Principal Place of Business:

2107 HIDDEN GROVE LANE
APT. 36A
MERRITT ISLAND, FL 32953 US

New Principal Place of Business:

Current Mailing Address:

1000 VIZCAYA LAKES RD.
APT. 109
OCOEE, FL 34761 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KOHN, KRISTINA M
1000 VIZCAYA LAKES ROAD
APT. 109
OCOEE, FL 34761 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:	CEO	( ) Delete
Name:	BENNISON, PAUL A	
Address:	45 N TROPICAL TRAIL	
City-St-Zip:	MERRITT ISLAND, FL 32953 US	
Title:	CFO	( ) Delete
Name:	BERTUZZI, MICHELE W	
Address:	2107 HIDDEN GROVE LN., APT. 36A	
City-St-Zip:	MERRITT ISLAND, FL 32953 US	
Title:	T/SE	( ) Delete
Name:	KOHN, KRISTINA M	
Address:	1000 VIZCAYA LAKES RD., APT. 109	
City-St-Zip:	OCOEE, FL 34761 US	
Title:	CTO	( ) Delete
Name:	JACKSON, DONALD	
Address:	5682 BRECKENRIDGE CIRCLE	
City-St-Zip:	ORLANDO, FL 32818 US	

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:	

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: KRISTINA M. KOHN T/SE 04/29/2005

Electronic Signature of Signing Officer or Director — Date