2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003574

Title:

Name:

Address: City-St-Zip:

FILED May 11, 2005 Secretary of State

Entity Name: FORTY-EIGHT STARS, INC. **Current Principal Place of Business: New Principal Place of Business:** 1220 KIRBY STREET PALATKA, FL 32177 **Current Mailing Address: New Mailing Address:** 1220 KIRBY STREET PALATKA, FL 32177 FEI Number: 20-1042372 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: Name and Address of New Registered Agent: THOMPSON, BOYD 1220 KIRBY STREET US PALATKA, FL 32177 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete THOMPSON, BOYD Name: Name: Address: 1220 KIRBY STREET Address: City-St-Zip: PALATKA, FL 32177 City-St-Zip: () Delete Title: Title: () Change () Addition THOMPSON, JEANIE Name: Name: Address: 1220 KIRBY STREET Address: City-St-Zip: PALATKA, FL 32177 City-St-Zip: Title: () Delete Title: () Change () Addition REASER, DAN Name: Name: 11865 FOOTHILLS ROAD Address: Address: City-St-Zip: SUNOL, CA 94586 City-St-Zip: Title: () Delete Title: () Change () Addition Name: HUBER, ARLENE B Name: 520 OAK STREET Address: Address: City-St-Zip: PALATKA, FL 32177 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: BOYD THOMPSON D 05/11/2005

() Delete

CUTRER, KEITH E

PALATKA, FL 32177

141 UNDERWOOD DRIVE

() Change () Addition