


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 11, 2005 8:00 am**  
**Secretary of State**

03-11-2005 90309 022 \*\*\*\*70.00

<b>DOCUMENT # N04000011381</b>	
1. Entity Name <b>BE HIS WITNESS, INC.</b>	

Principal Place of Business <b>10708 FOREST RUN DR BRADENTON, FL 34211-9387</b>	Mailing Address <b>10708 FOREST RUN DR BRADENTON, FL 34211-9387</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



02042005 Chg-NP CR2E037 (10/03)

4. FEI Number <b>20-2004876</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent <b>EREDICS, ROBERT L 10708 FOREST RUN DR BRADENTON, FL 34211-9387</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>RITTER, G.T.</b> <b>10708 FOREST RUN DR</b> <b>BRADENTON, FL 342119387</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>RITTER, TERRI</b> <b>10708 FOREST RUN DR</b> <b>BRADENTON, FL 342119387</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PTD</b> <b>EREDICS, ROBERT L</b> <b>10708 FOREST RUN DR</b> <b>BRADENTON, FL 342119387</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>8 D</b> <b>EREDICS, CHARLENE</b> <b>10708 FOREST RUN DR</b> <b>BRADENTON, FL 342119387</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>RITTER, SKIP</b> <b>10708 FOREST RUN DR</b> <b>BRADENTON, FL 342119387</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECH</b> <b>VALENCOURT, ALVINA</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>1204 TALLYWOOD DR.</b> <b>SARASOTA FL 34232</b>

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: Robert L. Eredics **3-7-05** **941-758-9696**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**Robert L. EREDICS**

**\$70.00**  
**OK/RE**