## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N45187

FILED Apr 06, 2005 Secretary of State

Entity Name: LIBERTY SINGERS, INC.

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	VILLAS COUR S, FL 33919				
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
	VILLAS COUR S, FL 33919	RT US			
FEI Number	: 65-0362932	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	l Address of C	Current Registered Agent:	Name and Address	of New Registered Agent:	
9980 LAS	S, ROBERT L I VILLAS COUR S, FL 33919				
	e named entity : e of Florida.	submits this statement for the p	ourpose of changing its register	ed office or registered agent, or both	
SIGNATUI					
	Electror	nic Signature of Registered Age	ent	Date	
OFFICER	S AND DIREC	TORS:	ADDITIONS/CHANG	SES TO OFFICERS AND DIRECTO	
Title: Name: Address: City-St-Zip:	SUMMERS, RC 9980 LAS VILL	AS COURT	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DS ( ) SUMMERS, RC 9980 LAS VILL FT. MYERS, FL	AS COURT	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SUMMERS, RC 9980 LAS VILL	AS COURT	Title: Name: Address: City-St-Zip:	( ) Change() Addition	
Title: Name: Address: City-St-Zip:	D ( ) SUMMERS, RC 9980 LAS VILL FT. MTERS, FL	AS COURT	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
		) Delete	Title:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D ( ) WILKINSON, D 17568 LEBANC FORT MYERS,	AVID MR. DN ROAD	Name: Address: City-St-Zip:	() Shange () / Addition	

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: MR. ROBERT L. SUMMERS DP 04/06/2005