2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002550

Entity Name: PON TIMES, INC

540 77TH AVE

ST PETER BEACH, FL 33706

Address:

City-St-Zip:

FILED Mar 10, 2005 Secretary of State

Littly Nan	ile. FON III	ilo, inc.					
Current Principal Place of Business:				New Principal Place of Business:			
540 77TH A ST PETE E	AVE BEACH, FL 3	3706					
Current Mailing Address:				New Mailing Address:			
540 77TH AVE ST PETE BEACH, FL 33706				100 HARBORVIEW DRIVE 606 BALTIMORE, MD 21230			
FEI Number:	59-3570128	FEI Number Applied For ()	FEI Num	ber Not Appl	icable ()	Certificate of	Status Desired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
O'NEAL, CHERI 540 77TH AVE ST PETE BEACH, FL 33706 US				MURRAY, TEENA 540 77TH AVE ST PETE BEACH, FL 33706 US			
The above in the State		submits this statement for the po	urpose of	changing i	ts registere	d office or regis	tered agent, or both,
SIGNATURE: TEENA MURRAY				03/10/2005			
	Electro	nic Signature of Registered Age	nt			Date)
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	ROSENTHAL, 540 77TH AVE			Title: Name: Address: City-St-Zip:		() Change () Ad	ldition
Title: Name: Address: City-St-Zip:	FINCH, MERR 540 77TH AVE			Title: Name: Address: City-St-Zip:		() Change () Ac	ldition
Title: Name: Address: City-St-Zip:	O'NEAL, CHE 540 77TH AVE			Title: Name: Address: City-St-Zip:	4500 STEE	(X) Change () Ad IRK, SHARON PLEWOOD TRAIL N, TX 76016	ddition
Title: Name:	D (KAPELA, JER) Delete RY		Title: Name:	D MURRAY, 1	(X) Change()Ad EENA	ddition

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.

Address:

City-St-Zip:

SIGNATURE: TEENA MURRAY D 03/10/2005

100 HARBORVIEW DRIVE UNIT 606

BALTIMORE, MD 21230