2005 EOD DECEIT CORPORATION

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ANNUAL REPORT				Mar 11, 2005 08:00			
1. Entity Nam	MENT # P00000053			S	ecretary o	of Stat	
Principal Plac 3435 HIATU SUNRISE, FL		Mailing Address 3435 HIATUS ROAD SUNRISE, FL 33351					
C	OO NOT WRITE	CE	02082005 No Chg-P CR2E034 (10/03)				
6. Name and Address of Current Registered Agent PENNELL, LORRAINE AUBIN 3435 HIATUS ROAD SUNRISE, FL 33351					NOT W THIS SP		
the obligat	e named entity submits this statement for the tions of registered agent. Signature, typed or printed name of registered agent and the name of registered agent agent and the name of registered agent agent agent agent and the name of registered agent ag	(NOTE: Registers 9. Election Campaign Final	ed Agord signature required	i whon refrestating)	h, in the State of Flo	orida. I am familiar with,	and accept
After May 1, 2005 Fee will be \$550.00			. Add	led to Fees			
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD PENNELL, LORRAINE AUBIN 3435 HIATUS ROAD SUNRISE, FL 33351	BECTORS	= = = = = = = = = = = = = = = = = = =		U0000 03/12/05	0259905 -80002-016 1	50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			DO NOT WRITE IN THIS SPACE				
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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 607, 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.

NAME STREET ADDRESS CITY-ST-ZIP