


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2006 8:00 am**  
**Secretary of State**

04-13-2006 90285 027 \*\*\*150.00

<b>DOCUMENT # P00000025063</b>	
<b>1. Entity Name</b> EVIEWZ INC.	

<b>Principal Place of Business</b> 737-52ND AVENUE SOUTH ST. PETERSBURG, FL 33705	<b>Mailing Address</b> 737-52ND AVENUE SOUTH ST. PETERSBURG, FL 33705
---	---

<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
<b>City &amp; State</b>		<b>City &amp; State</b>	
<b>Zip</b>	<b>Country</b>	<b>Zip</b>	<b>Country</b>



01262006 Chg-P CR2E034 (11/05)

<b>4. FEI Number</b> 59-3660350		<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>

<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
SAMADHIN, EDWARD B 737-52ND AVENUE SOUTH ST. PETERSBURG, FL 33705	<b>Name</b>
	<b>Street Address (P.O. Box Number is Not Acceptable)</b>
	<b>City</b>
	<b>FL</b> <b>Zip Code</b>

**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>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will be \$550.00</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
---	---

<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
<b>TITLE</b>	<b>D</b> <input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	SLATCHOO, ANTHONY	<b>NAME</b>	
<b>STREET ADDRESS</b>	15 BANDA SOY ETOBOCOKE	<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	ONTARIO CANADA,	<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	<b>D</b> <input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	SAMADHIN, EDWARD B	<b>NAME</b>	
<b>STREET ADDRESS</b>	737 52ND AVE SOUTH	<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	SAINT PETERSBURG, FL 33705	<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	<b>D</b> <input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	NOORT, SAMANTHA	<b>NAME</b>	
<b>STREET ADDRESS</b>	41 LANGFIELD CRS	<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	ETOBICOKE ONTARIO CANADA, m9v326	<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	<b>D</b> <input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	LATCHOO, CECIL	<b>NAME</b>	
<b>STREET ADDRESS</b>	15 BANDA SQ	<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	ETOBICOKE ONT. CANADA,	<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>		<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>		<b>CITY - ST - ZIP</b>	

**12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.**

**SIGNATURE:** *Edward B. Samadhin* - EDWARD B. SAMADHIN  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/10/06* - 727-867-4524  
Date Daytime Phone #