


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2005 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| <b>DOCUMENT # P00000026463</b>         |  |
| 1. Entity Name<br><b>FEEL 21, INC.</b> |   |

|   |   |
|---|---|
| Principal Place of Business<br><b>1071 NW 54TH STREET<br/>FORT LAUDERDALE, FL 33309</b> | Mailing Address<br><b>1071 NW 54TH STREET<br/>FORT LAUDERDALE, FL 33309</b> |
|---|---|

**DO NOT WRITE IN THIS SPACE**



04012005 No Chg-P CR2E034 (10/03)

|   |  |
|---|--|
| 4. FEI Number<br><b>65-1014792</b>                        | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75 Additional Fee Required</b>                  |

6. Name and Address of Current Registered Agent

**JONES, MICHAEL  
1071 NW 54TH STREET  
FORT LAUDERDALE, FL 33309**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

|   |  |
|---|--|
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2005 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |
|---|--|

10. OFFICERS AND DIRECTORS

|   |                               |
|---|-------------------------------|
| TITLE<br><b>PD</b>                              | NAME<br><b>JONES, MICHAEL</b> |
| STREET ADDRESS<br><b>1071 NW 54TH STREET</b>    |                               |
| CITY-ST-ZIP<br><b>FORT LAUDERDALE, FL 33309</b> |                               |
| TITLE<br><b>VD</b>                              | NAME<br><b>JONES, LORI</b>    |
| STREET ADDRESS<br><b>1071 NW 54TH STREET</b>    |                               |
| CITY-ST-ZIP<br><b>FORT LAUDERDALE, FL 33309</b> |                               |
| TITLE   | NAME                          |
| STREET ADDRESS                                  |                               |
| CITY-ST-ZIP                                     |                               |
| TITLE   | NAME                          |
| STREET ADDRESS                                  |                               |
| CITY-ST-ZIP                                     |                               |
| TITLE   | NAME                          |
| STREET ADDRESS                                  |                               |
| CITY-ST-ZIP                                     |                               |

**DO NOT WRITE IN THIS SPACE**

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04/22/05-80080-022 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Lori Jones* **LORI JONES** Date: 4/19/05 Daytime Phone #: 954 776-0499