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2005 FOR PROFIT CORPORATION ANNUAL REPORT

05-06-2005 90083 001 ***150.00
P00000039815

DOCUMENT # P00000039815

1. Entity Name
PRIMITIVE EXPRESSIONS, INC.

FILED
Jun 29, 2005 8:00 A.M.
Secretary of State

Principal Place of Business	Mailing Address
118 N WOODLAND BLVD DELAND, FL 32720	3801 N. HWY. 15A DELAND, FL 32724

02282005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	118 N. Woodland Blvd Suite, Apt. #, etc.
City & State	City & State: Deland Fl
Zip / Country	Zip: 32720 / Country

4. FEI Number: 59-3639354 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SCOTT, F. SHAWN 3801 N. HWY. 15A DELAND, FL 32724	Name: DAVID, SHAWN Street Address (P.O. Box Number Is Not Acceptable): 118 N WOODLAND BLVD City: DELAND FL Zip Code: 32720

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: _____ 5/1/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCOTT, F. SHAWN 3801 N HWY 15-A DELAND, FL 32724	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCOTT, SHASTA N 3801 HWY 15-A DELAND, FL 32724	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition PST SHAWN DAVID 118 N. WOODLAND BLVD DELAND, FL 32720
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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.

SIGNATURE: _____ 5/1/05 386-740-0021
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

PB 2-92

PRIMITIVE EXPRESSIONS, INC
118 N Woodland Blvd., Deland, Fl 32720
386-740-0022

June 22, 2005

RE: Ltr 605A00037263
P 00000039815

Dear Sir

Please waive any penalties or late fees on this filing because we did not receive your letter mailed on May 22th until today per phone call with Department of Corporations.

Thank you for your time in this matter.

Sincerely

Shawn David
Primitive Expressions