2005 FOR PROFIT CORPORATION

CITY-ST-ZIP

changed, or on an attachment with an address, with all other like Ann Marie Van Rysselberghe

SIGNATURE AND TYPED DE

Apr 21, 2005 08:00 AM Secretary of State ANNUAL REPORT DOCUMENT # P00000040677 1. Entity Name AVR PROJECTS CORPORATION Principal Place of Business Mailing Address 53 KING ST. 53 KING ST. &T AUGUSTINE, FL 32084 ST AUGUSTINE, FL 32084 04182005 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3658690 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BROWN, RONALD W DO NOT WRITE 66 CUNA ST, SUITE A ST AUGUSTINE, FL 32084 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. 1 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 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE VAN RYSSELBERGHE, ANN MARIE NAME STREET ADDRESS 20 RIBERIA ST. CITY-ST-ZIP SAINT AUGUSTINE, FL 32084 TITI F NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE IME NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 justee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Daytime Phone #