



**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000046921 1. Entity Name WE BUY HOUSES FAST, INC.			
Principal Place of Business 5021 S HWY 17-92 CASSELBERRY, FL 32707		Mailing Address 5021 S HWY 17-92 CASSELBERRY, FL 32707	
DO NOT WRITE IN THIS SPACE			
6. Name and Address of Current Registered Agent MATHERS, MARILYN 5021 S HWY 17-92 CASSELBERRY, FL 32707		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		UN00000345598 04/30/05-80043-005 150.00 DO NOT WRITE IN THIS SPACE	
TITLE	P	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	MATHERS, MARILYN		
STREET ADDRESS	5021 HWY 19-92		
CITY - ST - ZIP	CASSELBERRY, FL 32707		
TITLE			
NAME			
STREET ADDRESS		DO NOT WRITE IN THIS SPACE	
CITY - ST - ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		DO NOT WRITE IN THIS SPACE	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE			
NAME			
SIGNATURE: 		DATE: 4-27-05 DAYTIME PHONE: 407-767-5900	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Marilyn Mathers			