

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000056658

FILED
Jan 10, 2005
Secretary of State

Entity Name: PHILOSOPHICAL FRAMEWORKS, INC.

Current Principal Place of Business:

793 NE DIXIE HWY
JENSEN BEACH, FL 34957

New Principal Place of Business:

3553 SW CORPORATE PKWY
PALM CITY, FL 34990

Current Mailing Address:

3601 SE OCEAN BLVD.
SUITE 005
STUART, FL 34996

New Mailing Address:

FEI Number: 65-1017997 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FERRARO, FRANK A CPA
3601 SE OCEAN BLVD.
SUITE 005
STUART, FL 34996 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: MCKAY, DEBORAH
Address: 3601 SE OCEAN BLVD. SUITE 005
City-St-Zip: STUART, FL 34996

Title: VPD () Delete
Name: MCKAY, DEBORAH
Address: 3601 SE OCEAN BLVD. SUITE 005
City-St-Zip: STUART, FL 34996

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBORAH MCKAY

PRES

01/10/2005

_____ Electronic Signature of Signing Officer or Director

_____ Date