


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2005 8:00 am
Secretary of State

03-15-2005 90017 022 ***150.00

DOCUMENT # P00000056833					
1. Entity Name FLOAT-HUNTER, INC.					
Principal Place of Business 20 N. ORANGE AVE STE 407 ORLANDO, FL 32801			Mailing Address 20 N. ORANGE AVE STE 407 ORLANDO, FL 32801		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc. <i>Suite 600</i>		Suite, Apt. #, etc. <i>Suite 600</i>			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 58-2558165	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HENDRY, STONER, DELANCETT & BROWN, P.A. 20 N. ORANGE AVENUE SUITE 600 ORLANDO, FL 32801			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$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	PSD FLOAT, ARDELE Y 2 SHIRE COTO DE CAZA, CA 92679		TITLE NAME STREET ADDRESS CITY-ST-ZIP	22431 Antonio Parkway, Suite B160 Rancho Santa Margarita, CA 92688	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HUNTER, KENNETH H 2 SHIRE COTO DE CAZA, CA 92679		TITLE NAME STREET ADDRESS CITY-ST-ZIP	22431 Antonio Parkway, Suite B160 Rancho Santa Margarita, CA 92688	
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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: <i>Charles Y. Float</i>			0130105 (877) 244-4006		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		