## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 28, 2005 8:00 am Secretary of State

DOCUMENT # P0000064368  1. Entity Name ELUBIN.COM, INC.						01-28-2005	9003 / 036	***15	0.00
Principal Plac		Mailing Address	•		_		_		
C/O BŁAKESBERG & COMPANY, CPA'S 951 SW 4TH AVE.		951 SW 4TH AVE.	C/O BLAKESBERG & COMPANY, CPA'S 951 SW 4TH AVE.				5	000	18063
	I, FL 33432-5803		CA RATON, FL 33432-5803			lin Beell Sein Bem 011	IL CRIIS SIIN BIBER IN	1 <b>0 a</b> ti 61 e <b>1</b> 11	<b>88)</b> (1   186)
2. Principal Place of Business		3. Mailing Address	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01222005	Chg-P	CR2E034 (	10/03)		
City & State		City & State		4. FEI Number 65-10194	412		<del>                                     </del>	plied For Applicable	
Zip	Country	Zip	Cour	ntry	5. Certificate of		Fee	75 Addi Required	itional J
	6. Name and Address of Curren	t Registered Agent		Name	7. Name and A	ddress of New R	legistered Agen	<u>t_ ,_</u>	
BLAKESBERG, WILLIAM J				Street Address (P.O. Box Number is Not Acceptable)					
951 SW 41 BOCA RA	ГН AVE. TON, FL 33432-5803			Street Addres	ss (P.O. Box Number	is Not Acceptable	e) . 		
				-					
				City			<u> </u>	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	Signature, typed or printed name of registered agen	or and title if applicable. (N	NOTE: Registere	ed Agent signature requ	uired when reinstating)		DATE		<del></del>
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550	\$5.00 May Be Added to Fees							
10.	OFFICERS AND DIRECTORS 11				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE NAME	P Delete TIT						Change	☐ Addition	
STREET ADDRESS	1		EET ADDRESS						
CITY-ST-ZIP	BOCA RATON, FL 334337295		Y-ST-ZIP			<u> </u>		<u> </u>	
INILE NAME		☐ Delete	TITE NAM					Change	☐ Addition
STREET ADDRESS				EET ADDRESS					
CITY-ST-ZIP		<del>-</del>	CIT	Y-ST-ZIP				<del>-</del>	
TITLE		☐ Delete	TITU NAN					Change	☐ Addition
NAME STREET ADDRESS				EET ADORESS			-		-
CITY-ST-ZIP			CIT	Y-ST-ZIP					
TITLE		_ Delete	TIT NAM					Change	Addition
NAME STREET ADDRESS				REET ADORESS					
CITY-ST-ZIP		<u> </u>	CIT	Y-ST-ZIP					<del>_</del>
TITLE		☐ Delete	TITE NAM					Change	☐ Addition
NAME STREET ADDRESS				REET ADDRESS					
CITY-ST-ZIP	·		CIT	Y+ST-ZIP		···	<u> </u>	~	
TITLE		☐ Delete	117					Change	Addition
STREET ADDRESS			NA) Str	REET ADDRESS					
CITY-ST-ZIP	te tee .			Y-ST-ZIP					

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:

SIGNATURE AND TO BE OF SIGNING OFFICER OR DIRECTOR

Jan 24 2005 PRESIDENT

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