

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000083385

FILED
Apr 24, 2005
Secretary of State

Entity Name: IMMORTAL SOLUTIONS ENTERPRISES INC.

Current Principal Place of Business:

4491 S. STATE RD.7 #314
DAVIE, FL 33314

New Principal Place of Business:

Current Mailing Address:

4491 S. STATE RD.7 #314
DAVIE, FL 33314

New Mailing Address:

FEI Number: 65-1050739

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SILVERMAN, LLOYD
4491 S. STATE RD.7 #314
DAVIE, FL 33314 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: D () Delete
Name: SILVERMAN, LLOYD
Address: 4491 S. STATE RD.7 #314
City-St-Zip: DAVIE, FL 33314

Title: VP () Delete
Name: CHISWOOD, BERRY
Address: 44ST S STATE RD 7#314
City-St-Zip: DUNC, FL 33314

Title: D () Delete
Name: LAKE, HENRY
Address: 44ST S STATE RD 7 #314
City-St-Zip: DUNC, FL 33314

Title: D () Delete
Name: STRAND, CLINTON
Address: 44ST S STATE RD 7 #314
City-St-Zip: DUNC, FL 33314

Title: ST () Delete
Name: SILVERMAN, SUSAN
Address: 44ST S STATE RD 7 #314
City-St-Zip: DUNC, FL 33314

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SILVERMAN, LLOYD
Address: 4491 S. STATE RD.7 #314
City-St-Zip: DAVIE, FL 33314

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

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

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: LLOYD SILVERMAN

P

04/24/2005

Electronic Signature of Signing Officer or Director

Date