
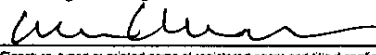



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2005 8:00 am
Secretary of State

03-30-2005 90046 016 ***150.00

DOCUMENT # P00000094291 1. Entity Name DAEUS MEDIA, INC.					
Principal Place of Business 2824 SW 127 AVE HOLLYWOOD, FL 33027			Mailing Address 2824 SW 127 AVE HOLLYWOOD, FL 33027		
2. Principal Place of Business 4562 SW 126 Ave. Suite, Apt. #, etc.		3. Mailing Address 4562 SW 126 Ave. Suite, Apt. #, etc.			
City & State MIRAMAR FL		City & State MIRAMAR FL		4. FEI Number 65-1042018	
Zip 33027		Country Broward		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HEDDAEUS, MARK D 2824 SW 127 AVE HOLLYWOOD, FL 33027			7. Name and Address of New Registered Agent Name Heddaeus, Mark D Street Address (P.O. Box Number is Not Acceptable) 4562 SW 126 Ave. City MIRAMAR FL Zip Code 33027		
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  Mark Heddaeus, President 4/1/05 <small>Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when transferring) DATE</small>					
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	P HEDDAEUS, MARK D 2824 SW 127 AVE MIRAMAR, FL 33027	TITLE NAME STREET ADDRESS CITY-ST-ZIP President Heddaeus, Mark D 4562 SW 126 Ave. MIRAMAR, FL 33027			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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:  Mark Heddaeus 4/1/05 954 536 6252 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					