

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000104186

Entity Name: AMERILIQ INC.

FILED
Mar 01, 2005
Secretary of State

Current Principal Place of Business:

1280 S. PWERLINE RD. #24
POMPANO BEACH, FL 33069

New Principal Place of Business:

1280 S. POWERLINE RD. #24
POMPANO BEACH, FL 33069

Current Mailing Address:

1280 S. PWERLINE RD. #24
POMPANO BEACH, FL 33069

New Mailing Address:

1280 S. POWERLINE RD. #24
POMPANO BEACH, FL 33069

FEI Number: 65-1061474

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SUNDERLAND, DIANE
1280 S. POWERLINE RD
SUITE 24
POMPANO BEACH, FL 33069 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: DP () Delete
Name: SUNDERLAND, DIANE
Address: 1280 S. PWERLINE RD. #24
City-St-Zip: POMPANO BEACH, FL 33069

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: SUNDERLAND, DIANE
Address: 1280 S. POWERLINE RD. #24
City-St-Zip: POMPANO BEACH, FL 33069

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: DIANE SUNDERLAND

DP

03/01/2005

_____ Electronic Signature of Signing Officer or Director

_____ Date