


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 11, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000104660 1. Entity Name I-NET REALTY, INC.	
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Principal Place of Business 169 WEST BROADWAY ST OVIEDO, FL 32765-8384	Mailing Address 169 WEST BROADWAY ST OVIEDO, FL 32765-8384
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DO NOT WRITE IN THIS SPACE



05052005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3683814	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

MORGAN, TIMOTHY H
169 WEST BROADWAY ST
OVIEDO, FL 32765-8384

DO NOT WRITE IN THIS SPACE

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 agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)

_____ **DATE**

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE	DP
NAME	MORGAN, TIMOTHY H
STREET ADDRESS	169 W BROADWAY ST
CITY- ST- ZIP	OVIEDO, FL 32765
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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05/11/05-80018-023 150.00

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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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/5/2005 **407-977-7653**
Date Daytime Phone #