2005 FOR PROFIT CORPORATION ANNUAL REPORT

STREET ADORESS CITY-ST-ZIP

SIGNATUŔE

Apr 18, 2005 8:00 am Secretary of State **DOCUMENT # P01000006201** 04-18-2005 90564 047 ***150.00 1. Entity Name WILFLOR, INC. Principal Place of Business Mailing Address #0000m~ 8338 36 AVE N 8338 36 AVE N SAINT PETERSBURG, FL 33710 SAINT PETERSBURG, FL 33710 No Chg-P CR2E034 (10/03) 01032005 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3695449 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SWOBODA, RUDOLF G DO NOT WRITE 8338-36 AVE N ST PETERSBURG, FL 33710 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. (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE SWOBODA, RUDOLF G NAME 8338-36TH AVE N STREET ADDRESS ST PETERSBURG, FL 33710 City-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADORESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. Thereby certify that the information supplied with this filling 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 of 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

FILED