

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000031073

Entity Name: AFFLICK, INC.

FILED
Apr 30, 2005
Secretary of State

Current Principal Place of Business:

P.O. BOX 260642
PEMBROKE PINES, FL 33026

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 260642
PEMBROKE PINES, FL 33026

New Mailing Address:

FEI Number: 02-0618939

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TAYLOR, MICHAEL
17334 NW 62ND CT.
HIALEAH, FL 33015 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: PD () Delete
Name: WALKER, HORTENSE
Address: 475 SW 113TH WAY
City-St-Zip: PEMBROKE PINES, FL 33025

Title: VP () Delete
Name: CLARK, MAXINE
Address: PO BOX 260642
City-St-Zip: PEMBROKE PINES, FL 33026

Title: T () Delete
Name: WALKER, PETA-GAYE D
Address: 601 NW 86 AVE
City-St-Zip: PEMBROKE PINES, FL 33024

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WALKER, HORTENSE
Address: 601 NW 86 AVE
City-St-Zip: PEMBROKE PINES, FL 33024

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: HORTENSE WALKER

PD

04/30/2005

Electronic Signature of Signing Officer or Director

Date