
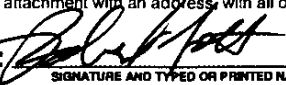


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90085 003 ***150.00

| | | | | | |
|---|-------------------------------------|--|--|---|--|
| DOCUMENT # P01000033958 | | | |  | |
| 1. Entity Name PLUGINZ INC. | | | | | |
| Principal Place of Business 10651 NE 11TH COURT C/O PLUGINZ MIAMI SHORES, FL 33138 | | | Mailing Address 10651 NE 11TH COURT C/O PLUGINZ MIAMI SHORES, FL 33138 | | |
| 2. Principal Place of Business 1111 Brickell Ave. Suite, Apt. #, etc. 11th Floor | | 3. Mailing Address 1111 Brickell Ave. Suite, Apt. #, etc. 11th Floor | | | |
| City & State Miami, Fl | | City & State Miami, Fl | | 4. FEI Number 65-1088917 | |
| Zip 33131 | | Country U.S. | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent JACOBS & CARNEY 6401 SW 87 AVENUE 204 MIAMI, FL 33173 | | | 7. Name and Address of New Registered Agent | | |
| | | | Name | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | City | | |
| | | | FL | | |
| | | | Zip Code | | |
| 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE | PTD <input type="checkbox"/> Delete | TITLE | CEO, T, D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | HENDERSON, IAN ROGER | NAME | Henderson, Ian Roger | | |
| STREET ADDRESS | 10651 NE 11TH COURT | STREET ADDRESS | 1111 Brickell Ave. 11th Floor | | |
| CITY-ST-ZIP | MIAMI SHORES, FL 33138 | CITY-ST-ZIP | Miami, Fl 33131 | | |
| TITLE | S <input type="checkbox"/> Delete | TITLE | P, S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | LOTT, ROBERT | NAME | Lott, Robert | | |
| STREET ADDRESS | 10651 NE 11TH COURT | STREET ADDRESS | 1111 Brickell Ave. 11 Floor | | |
| CITY-ST-ZIP | MIAMI SHORES, FL 33138 | CITY-ST-ZIP | Miami, Fl 33131 | | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | BECKER, KARSTEN | NAME | Becker, Karsten | | |
| STREET ADDRESS | 10651 NE 11TH COURT | STREET ADDRESS | 1111 Brickell Ave. 11 Floor | | |
| CITY-ST-ZIP | MIAMI SHORES, FL 33138 | CITY-ST-ZIP | Miami, Fl 33131 | | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | COEHLO, GEORGE | NAME | Coehlo, George | | |
| STREET ADDRESS | 10651 NE 11TH COURT | STREET ADDRESS | 1111 Brickell Ave. 11 Floor | | |
| CITY-ST-ZIP | MIAMI SHORES, FL 33138 | CITY-ST-ZIP | Miami, Fl 33131 | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | NAME | | | |
| STREET ADDRESS | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | CITY-ST-ZIP | | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | NAME | | | |
| STREET ADDRESS | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | CITY-ST-ZIP | | | |
| 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:  | | Robert Lott, Pres. & Sec. | | 4/26/05 650-906-8190 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date | | Daytime Phone # | |