
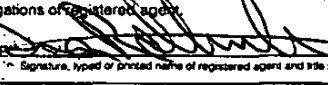
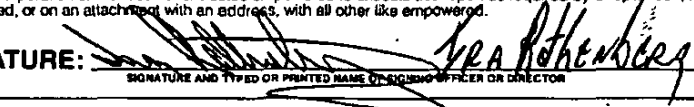


**FILED**  
**May 27, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90161 025 \*\*\*158.75

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT # P0100049570			
1. Entity Name ACTUATOR DEVICE CORPORATION			
Principal Place of Business 2603 N W 17 LANE POMPANO BEACH, FL 33064 US		Mailing Address 2603 N W 17 LANE POMPANO BEACH, FL 33064 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
04282005		Chg-P CR2E034 (10/03)	
4. FEI Number 65-1105249		Applied For Not Applicable	
5. Certificate of Status Desired		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
IRA ROTHENBERG 2603 N.W. 17th Lane Pompano Beach, Florida 33064		Name: IRA ROTHENBERG Street Address (P.O. Box Number is Not Acceptable) 2603 NW 17 Lane City: Pompano Bch FL Zip Code: 33064	
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	
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 NAME STREET ADDRESS CITY-ST-ZIP	P ROTHENBERG, IRA 2601 N W 17 LANE POMPANO BEACH, FL 33064 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER Rothenberg, Patricia <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2601 nw 17 lane Pompano Beach, Florida 33064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VOLK, VALERIE <input checked="" type="checkbox"/> Delete 2601 NW 17TH LANE POMPANO BEACH, FL 33064	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		4/26/05 954-971-7474	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

66019680

