

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000071477

Entity Name: ROBIN LEMKE-FASULO, INC.

FILED
Jan 27, 2005
Secretary of State

Current Principal Place of Business:

136 VIA CASTILLA
JUPITER, FL 33458

New Principal Place of Business:

Current Mailing Address:

136 VIA CASTILLA
JUPITER, FL 33458

New Mailing Address:

FEI Number: 03-0392752

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEMKE-FASULO, ROBIN
136 VIA CASTILLA
JUPITER, FL 33458 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: D () Delete
Name: LEMKE-FASULO, ROBIN
Address: 6132 ROBINSON STREET
City-St-Zip: JUPITER, FL 33458

Title: D () Delete
Name: FASULO, ALFRED
Address: 6132 ROBINSON STREET
City-St-Zip: JUPITER, FL 33458

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: LEMKE-FASULO, ROBIN
Address: 136 VIA CASTILLA
City-St-Zip: JUPITER, FL 33458

Title: D (X) Change () Addition
Name: FASULO, ALFRED
Address: 136 VIA CASTILLA
City-St-Zip: JUPITER, FL 33458

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: ROBIN LEMKE-FASULO

PRES

01/27/2005

Electronic Signature of Signing Officer or Director

Date