2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005
Secretary of State

DOCUMENT# P01000072311

Entity Name: DRUM MAJORZ, INC.

Current Principal Place of Business:

555 NE 15TH STREET
SUITE 7704
MIAMI, FL 33132

New Principal Place of Business:

Current Mailing Address:

555 NE 15TH STREET
SUITE 7704
MIAMI, FL 33132

New Mailing Address:

FEI Number: 31-1815412 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BOSSE, CARL
555 NE 15TH STREET
SUITE 7704
MIAMI, FL 33132 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: DP ( ) Delete
Name: BOSSE, CARL
Address: 555 NE 15TH STREET
City-St-Zip: MIAMI, FL 33132

Title: DT ( ) Delete
Name: LOUIS, JACQUES
Address: 555 NE 15TH ST #7704
City-St-Zip: MIAMI, FL 33132

Title: DV ( ) Delete
Name: LEADER, KEN
Address: 555 NE 15TH ST #7704
City-St-Zip: MIAMI, FL 33132

Title: DAVP ( ) Delete
Name: CASTILLO, TONY
Address: 555 NE 15TH STREET #7704
City-St-Zip: MIAMI, FL 33132

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: BOSSE, CARL
Address: 555 NE 15TH STREET SUITE 7704
City-St-Zip: MIAMI, FL 33132

Title: DT (X) Change ( ) Addition
Name: LOUIS, JACQUES
Address: 555 NE 15TH STREET SUITE 7704
City-St-Zip: MIAMI, FL 33132

Title: DV (X) Change ( ) Addition
Name: LEADER, KEN
Address: 555 NE 15TH STREET SUITE 7704
City-St-Zip: MIAMI, FL 33132

Title: DAVP (X) Change ( ) Addition
Name: CASTILLO, TONY
Address: 555 NE 15TH STREET SUITE 7704
City-St-Zip: MIAMI, FL 33132

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: CARL BOSSE DP 04/28/2005

Electronic Signature of Signing Officer or Director — Date