

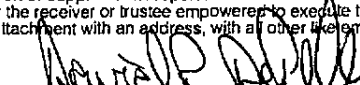


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 14, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000079369</b>		
1. Entity Name DEPILLIS INC.		
Principal Place of Business 11222 NE 9TH AVE BISCAYNE PARK, FL 33161		Mailing Address 11222 NE 9TH AVE 4 MIAMI, FL 33161
<b>DO NOT WRITE IN THIS SPACE</b>		
		 03082005 No Chg-P CR2E034 (10/03)
		4. FEI Number 65-1130884 Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Name and Address of Current Registered Agent		
DEPILLIS, DAVID R 11222 NE 9TH AVE BISCAYNE PARK, FL 33161		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____		
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$350.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
10. OFFICERS AND DIRECTORS		1100000305547 04/14/05-80088-017 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO DEPILLIS, DAVID R 11222 NE 9TH AVE. MIAMI, FL 33161	<b>DO NOT WRITE IN THIS SPACE</b>
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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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4-12-05 305891-9366- Date Daytime Phone #