

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 18, 2004 8:00 am**  
**Secretary of State**

08-18-2004 90003 022 \*\*\*150.00

DOCUMENT # P01000094178	
1. Entity Name CIRILUM, INC.	



Principal Place of Business <b>1600 W EAU CALLE BLVD STE 201 MELBOURNE, FL 32935</b>	Mailing Address <b>1600 W EAU CALLE BLVD STE 201 MELBOURNE, FL 32935</b>
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**54068729**



2. Principal Place of Business <b>625 NO. FLAGLER DRIVE SUITE 605 WEST PALM BEACH, FL 33401</b>		3. Mailing Address <b>625 NO. FLAGLER DRIVE SUITE 605 WEST PALM BEACH, FL 33401</b>	
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08042004 Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3754073</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent <b>POTTER, WILLIAM C ESQ. 1499 S. HARBOR CITY BLVD., STE. 201 MELBOURNE, FL 32904</b>		7. Name and Address of New Registered Agent (Name) <b>TIMOTHY SIMPSON</b> Street Address (P.O. Box Number is Not Acceptable) <b>625 NO. FLAGLER DRIVE, SUITE 605</b> City <b>WEST PALM BEACH</b> FL Zip Code <b>33401</b>	
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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: *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE: **8/12/04**

<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C TOLLEY, WILLIAM R 4250 OINWOOD DRIVE MELBOURNE, FL 32934</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D DONALD E. LEES 625 NO. FLAGLER DRIVE #605 WEST PALM BEACH, FL 33401</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP JACKMAN, RAYMOND P 3730 BIG PINE RD MELBOURNE, FL 32934</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P. D. TIMOTHY SIMPSON 625 NO. FLAGLER DRIVE, #605 WEST PALM BEACH, FL 33401</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CARRAWAY, JAMES D 745 PUEST DEL SOL INDIALANTIC, FL 32903</b> <input checked="" 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: *[Signature]* DATE: **8/12/04** DAYTIME PHONE: **561-820-2444**