

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000102105

FILED
Apr 28, 2005
Secretary of State

Entity Name: INSTANT INTERPRETERS, INC.

Current Principal Place of Business:

PO BOX 3107
DELRAY BEACH, FL 33447

New Principal Place of Business:

223 NE 5TH AVE
DELRAY BEACH, FL 33483 US

Current Mailing Address:

PO BOX 3107
DELRAY BEACH, FL 33447

New Mailing Address:

PO BOX 8379
DELRAY BEACH, FL 33482 US

FEI Number: 65-1154095

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUSCARINI, JAMES K JR.
601 CHANNELSIDE WALKWAY #1445
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

FENOGLIO, JAMES P
223 NE 5TH AVE
DELRAY BEACH, FL 33483 US

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: JAMES P. FENOGLIO

04/28/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BUSCARINI, JAMES K JR.
Address: 310 SOUTH WILLOW AVE., APT B
City-St-Zip: TAMPA, FL 336062132

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: BUSCARINI, JAMES K JR.
Address: 16601 SEDONA DE AVILA
City-St-Zip: TAMPA, FL 33613

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: JAMES P. FENOGLIO

CFO

04/28/2005

Electronic Signature of Signing Officer or Director

Date