


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 04, 2005 8:00 am**  
**Secretary of State**

03-04-2005 90091 050 \*\*\*150.00

<b>DOCUMENT # P01000119419</b>	
1. Entity Name <b>BILLDALES, INC.</b>	

Principal Place of Business <b>5105 LOG WAGON RD. OCOEE, FL 34761</b>	Mailing Address <b>5105 LOG WAGON RD. OCOEE, FL 34761</b>
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**50022449**



02072005 Chg-P CR2E034 (10/03)

2. Principal Place of Business <b>201 E. Bay St.</b>	3. Mailing Address <b>201 E. Bay St.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Winter Garden, FL</b>	City & State <b>Winter Garden, FL</b>
Zip <b>34787</b>	Zip <b>34787</b>
Country <b>USA</b>	Country <b>USA</b>

4. FEI Number <b>03-0383619</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>SERENO, WILLIAM E 5105 LOG WAGON RD. OCOEE, FL 34761</b>	
<b>Address change only</b>	

7. Name and Address of New Registered Agent	
Name <b>William E. Sereno</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>201 E. Bay St.</b>	
City <b>Winter Garden</b>	FL Zip Code <b>34787</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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D SERENO, WILLIAM E 5105 LOG WAGON RD. OCOEE, FL 34761</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D SERENO, MARTHA D 5105 LOG WAGON RD. OCOEE, FL 34761</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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:** William E. Sereno **3/2/05** **407 654-8222**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #