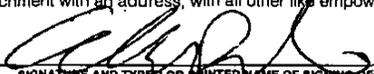


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90240 008 ***150.00

DOCUMENT # P01000121240			
1. Entity Name ARCHER ELLISON, INC.			
Principal Place of Business 1307 MONTE LANE WINTER PARK, FL 32792		Mailing Address 1307 MONTE LANE WINTER PARK, FL 32792	
2. Principal Place of Business 6479 EVERINGHAM LN.		3. Mailing Address 6479 EVERINGHAM LN.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State SANFORD, FL		City & State SANFORD, FL	
Zip 32771	Country SANFORD	Zip 32771	Country SANFORD
6. Name and Address of Current Registered Agent D'ANGELO, ALLEN 1307 MONTE LANE WINTER PARK, FL 32792		7. Name and Address of New Registered Agent Name: D'ANGELO, ALLEN Street Address (P.O. Box Number is Not Acceptable) 6479 EVERINGHAM LN. City: SANFORD FL Zip Code: 32771	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: P <input type="checkbox"/> Delete	NAME: D'ANGELO, ALLEN	TITLE: P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: D'ANGELO, ALLEN
STREET ADDRESS: 1307 MONTE LN	CITY-ST-ZIP: WINTER PARK, FL 32792	STREET ADDRESS: 6479 EVERINGHAM LN.	CITY-ST-ZIP: SANFORD, FL 32771
TITLE: V <input type="checkbox"/> Delete	NAME: D'ANGELO, KIMBERLY	TITLE: V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: D'ANGELO, KIMBERLY
STREET ADDRESS: 1307 MONTE LN	CITY-ST-ZIP: WINTER PARK, FL 32792	STREET ADDRESS: 6479 EVERINGHAM LN.	CITY-ST-ZIP: SANFORD, FL 32771
TITLE: S <input type="checkbox"/> Delete	NAME: D'ANGELO, ALLEN	TITLE: S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: D'ANGELO, ALLEN
STREET ADDRESS: 1307 MONTE LN	CITY-ST-ZIP: WINTER PARK, FL 32792	STREET ADDRESS: 6479 EVERINGHAM LN.	CITY-ST-ZIP: SANFORD, FL 32771
TITLE: T <input type="checkbox"/> Delete	NAME: D'ANGELO, ALLEN	TITLE: T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: D'ANGELO, ALLEN
STREET ADDRESS: 1307 MONTE LN	CITY-ST-ZIP: WINTER PARK, FL 32792	STREET ADDRESS: 6479 EVERINGHAM LN.	CITY-ST-ZIP: SANFORD, FL 32771
TITLE: <input type="checkbox"/> Delete	NAME:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME:
STREET ADDRESS:	CITY-ST-ZIP:	STREET ADDRESS:	CITY-ST-ZIP:
TITLE: <input type="checkbox"/> Delete	NAME:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME:
STREET ADDRESS:	CITY-ST-ZIP:	STREET ADDRESS:	CITY-ST-ZIP:
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: 		Date: 4/19/05 Daytime Phone #: 407 322-2352	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	