

2004 FOR PROFIT CORPORATION ANNUAL REPORT

1. Entity Name BOANERGES, INC.



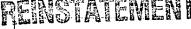
SECRETARY OF STATE DIVISION OF CORPORATIONS

OH NOV 16 AM 10: 32

Principal Place of Business

760 NW 4TH COURT BOCA RATON, FL 33432 Mailing Address

760 NW 4TH COURT BOCA RATON, FL 33432



5. Certificate of Status Desired

08192004

4. FEI Number 02-0535787



\Box	NOT	WRITE	IAI	THIC	CDAC	
DU.	NUL	WHILE	IIN	1 1112	SPAC	ᆮ

|--|--|

	Certificate of Status Desireo	•	ш	_	Fee Required
	DO NOT W	,,	-	_	_
_	-DO-NOT-W	/ 1	4 1-		

IN THIS SPACE

No Chg-P

-CONIGLIO, JOHN A 4001_COUTH-UNIVERSITY DRIVE SUITE 2000 DAVID L.

6. Name and Address of Current Registered Agent

DOLAN 4th CRT 760 NW 4+n BOCA RATONI 33432

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 agents.

SIGNATURE ne of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

CR2E034 (10/03)

Applied For

\$8.75 Additional

Not Applicable

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution.

\$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.

	,,,,,			
10.	OFFICERS AND DIREC	CTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOLAN, DAVID 760 NW 4TH COURT			-
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOCA RATON, FL 33432			
TITLE			-	

100042162391 10/25/04-01078--005 **150.00

DO NOT WRITE IN THIS SPACE

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:

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

10.8-04

561 302 4

Wellar Holden Dispartment of State, I am Writing you to ask if you Would please review the account to wave the reinstatment fie. Both the business and our personal lives Were effected by the hurricanes, We were not able to send anything Until now. And the fee would hurt Us greatly. Thankeyon Very much. Please respond t.S.A.P. * Raul On Prisident Boanuges, Inc.