

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2005 8:00 am
Secretary of State

05-16-2005 90200 026 ***158.75

DOCUMENT # P02000012894
 1. Entity Name
 EUROPA COMMUNICATIONS, INC.



Principal Place of Business Mailing Address
 5320 LITTLE ROAD # 101 wrong 5320 LITTLE ROAD
 NEW PORT RICHEY, FL 34655 US ADR PMB 101
 NEW PORT RICHEY, FL 34655 US

2. Principal Place of Business 3. Mailing Address
2528 Wood Pointe Dr 2528 Wood Pointe Dr
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
HOLIDAY FL HOLIDAY FL
 Zip Country Zip Country
34691 PASCO 34691 PASCO



05122005 Chg-P CR2E034 (10/03)

4. FEI Number 02-0546936 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 FRANCE, LAWRENCE
 5320 LITTLE ROAD PMB 101
 NEW PORT RICHEY, FL 34655

7. Name and Address of New Registered Agent
 Name FRANCE, LAWRENCE
 Street Address (P.O. Box Number is Not Acceptable)
2528 Wood Pointe Drive
 City HOLIDAY FL Zip Code 34691

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 Lawrence R. France DATE 5/11/2005
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005

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 DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--------------------------------------------------------------------------------------------------------------------|---------------------------------|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE PD NAME FRANCE, LAWRENCE STREET ADDRESS 5320 LITTLE ROAD #101 CITY-ST-ZIP NEW PORT RICHEY, FL 34655 | <input type="checkbox"/> Delete | TITLE PD NAME <u>FRANCE, LAWRENCE</u> STREET ADDRESS <u>2528 Wood Pointe Drive</u> CITY-ST-ZIP <u>HOLIDAY FL 34691</u> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE VD NAME FRANCE, JENNIFER STREET ADDRESS 5320 LITTLE ROAD #101 CITY-ST-ZIP NEW PORT RICHEY, FL 34655 | <input type="checkbox"/> Delete | TITLE VD NAME <u>FRANCE, JENNIFER</u> STREET ADDRESS <u>2528 Wood Pointe Drive</u> CITY-ST-ZIP <u>HOLIDAY FL 34691</u> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: Lawrence R. France DATE 5/11/2005 DAYTIME PHONE # 8008813066
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #