

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90210 029 ***150.00

DOCUMENT # P02000025933

1. Entity Name
WHATSYOUR OPINION.NET, INCORPORATED



Principal Place of Business Mailing Address
500 SAVAGE COURT **500 SAVAGE COURT**
LONGWOOD, FL 32750 **LONGWOOD, FL 32750**

14006122

2. Principal Place of Business 3. Mailing Address
6865 S Hwy 17/92 **6865 S Hwy 17/92**
 Suite, Apt. #, etc. Suite, Apt. #, etc.



01062005 Chg-P CR2E034 (10/03)

City & State City & State
CASSELBERRY, FL **CASSELBERRY, FL**
 Zip Country Zip Country
32730 **USA** **32730** **USA**

4. FEI Number Applied For
~~61-2036494~~ **41-2036194** Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
PETERSON, CHRIS
3290 LORMALL COURT
OVIEDO, FL 32765

7. Name and Address of New Registered Agent
 Name **PETERSON, CHRIS**
 Street Address (P.O. Box Number is Not Acceptable)
6865 S. Hwy 17/92
 City **CASSELBERRY** State **FL** Zip Code **32730**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, of both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Chris Peterson* President DATE: **4-14-05**

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
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PETERSON, CHRIS 3290 LORDMALL COURT OVIEDO, FL 32765 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PETERSON, CHRIS 6865 S. Hwy 17-92 CASSELBERRY, FL 32730 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: *Chris Peterson* President DATE: **4-14-05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #