

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000031250

FILED  
Apr 07, 2005  
Secretary of State

Entity Name: FOREIGN EXCHANGE OF CLEARWATER, INC.

## Current Principal Place of Business:

322 WINDRUSH BLVD. #3  
INDIAN ROCKS BEACH, FL 33785

## New Principal Place of Business:

11590 SEMINOLE BLVD  
# A 1  
LARGO, FL 33778

## Current Mailing Address:

322 WINDRUSH BLVD. #3  
INDIAN ROCKS BEACH, FL 33785

## New Mailing Address:

16105 6TH ST EAST  
REDINGTON BEACH, FL 33708

FEI Number: 01-0645835

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

POHLMAN, M.S.  
801 WEST BAY DRIVE, SUITE 515  
LARGO, FL 33770 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PS ( ) Delete  
Name: MALLON, ROBERT  
Address: 322 WINDRUSH BLVD. #3  
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

Title: VPTD ( ) Delete  
Name: MALLON, MARISSA  
Address: 322 WINDRUSH BLVD. #3  
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change ( ) Addition  
Name: MALLON, ROBERT J  
Address: 16105 6TH ST EAST  
City-St-Zip: REDINGTON BEACH, FL 33708

Title: VPTD (X) Change ( ) Addition  
Name: MALLON, MARISSA  
Address: 16105 6TH ST EAST  
City-St-Zip: REDINGTON BEACH, FL 33708

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT MALLON

PRES

04/07/2005

Electronic Signature of Signing Officer or Director

Date