2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

				
DOCU 1. Entity Nan	IMENT # P020000366	79		Mar 28, 2005 08:00 AN Secretary of State
PAUL WI	ULLSCHLEGER, INC.			
Principal Plac	ce of Business	Mailing Address		
1301 MANO FORT LAUE	GO ISLE DERDALE FL 33315	1301 MANGO ISLE FORT LAUDERDALE F	L 33315	
	Place of Business	3. Mailing Address		
Suite, Apt.	. #, etc	Suite, Apt. #, etc.		1st MOORE CR2E034 (10/04)
City & Sta	te	City & State		4. FEI Number 68-0497002 Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
	6. Name and Address of Current	Registered Agent	Name	7. Name and Address of New Registered Agent
\A/I-1	ILLSCHLEGER, PAUL		Name	
130	01 MANGO ISLE RT LAUDERDALE FL 33315		Street Addres	ss (P.O. Box Number is Not Acceptable)
			City	FL Zip Code
	e named entity submits this statement for tions of registered agent.	or the purpose of changing its	registered office or regis	stered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE	<u></u>			
İ	Signalure, typed or printed name of registered agent		Registered Agent signature requ	pred when reinstating) DATE
After	TILE NOW!!! FEE IS \$150.00 May 1, 2005 Fee Will Be \$550.00		Registered Agent signature requ	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
After	FILE NOW!!! FEE IS \$150.00	f State	Registered Agent signature requ	9. Election Campaign Financing \$5.00 May Be
After Make Check	FILE NOW!!! FEE IS \$150.00 May 1, 2005 Fee Will Be \$550.00 k Payable to Florida Department of OFFICERS AND	f State		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.
After Make Check 10. http://www.	FILE NOW!!! FEE IS \$150.00 May 1, 2005 Fee Will Be \$550.00 k Payable to Florida Department of OFFICERS AND P WULLSCHLEGER, PAUL	f State	11. TITLE NAME	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
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12. I hereby certify that the information supplied with this filling 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OPPOSE OR DIRECTOR

3-28-05 579-4206

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