## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 21, 2005 08:00 AM **DOCUMENT # P02000040859 Secretary of State** 1. Entity Name POFIELDS, INC. Principal Place of Business Mailing Address 11211 PROSPERITY FARMS ROAD 11211 PROSPERITY FARMS ROAD STE C-301 STE C-301 PALM BEACH GARDENS, FL 33410 PALM BEACH GARDENS, FL 33410 01032005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 01-0684217 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FIELDS, PRESTON J SR. DO NOT WRITE 11211 PROSPERITY FARMS RD STE C-301 IN THIS SPACE PALM BEACH GARDENS, FL 33410 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, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. PSTD NAME FIELDS, PRESTON J SR U00000189272 11211 PROSPERITY FARMS RD., STE C-301 STREET ADDRESS 01/24/05-80090-008 150.00 CITY-ST-ZIP PALM BEACH GARDENS, FL 33410 TITLE NAME FIELDS, PRESTON J SR STREET ADDRESS 11211 PROSPERITY FARMS RD., STE C-301 CITY-ST-ZIP PALM BEACH GARDENS, FL 33410 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 attachmept-with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

Heston J. Fiekls, SR 13/05 561.799-9910