2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000048462

Entity Name: COMPLITERS-MORE COM INC.

FILED Apr 22, 2005 Secretary of State

Entity Na	ine. Oolvii ot	ENO-IVIONE.OOIVI, INO.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
U.S. 19 SOUTH OLD TOWN, FL 32680				25815 SE HWY 19 UNIT 2 OLD TOWN, FL 32680	
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
P.O. BOX OLD TOW	1484 /N, FL 3268014	84			
FEI Number: 04-3665065		FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
11295 N.V CHIEFLAN The above	,	E US	purpose of changing its registere	d office or registered agent, or both,	
SIGNATU	RE:				
		c Signature of Registered Ag	ent	Date	
Election Ca	mpaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () REID, GEORGE P.O. BOX 1484 OLD TOWN, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () REID, HELEN P.O. BOX 1484 OLD TOWN, FL	Delete 326801484	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: HELEN REID D 04/22/2005