## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

Principal Place of Business 3500 EL CONQUISTADOR PKWW 3300 EL CONQUISTADOR PKWW 3300 EL CONQUISTADOR PKWW 3300 EL CONQUISTADOR PKWW 3300 BRACKTION, FL 34210  2. Principal Place of Business 3. Mainry Accress 3. Mainry Access 3. Mainry Accress 3. Mainry Access 3. Mainry Acce	DOCUMENT # P02000068319  1. Entity Name AMANECER.COM, INC.				FILED 05 MAY -2 PM 3: 48	
2. Principal Place of Business  Suite April 4. etc.  Suite April 5. etc.  Suite April 6. Suite April 6. etc.  Cay & Suite Suite Suite Suite Suite Suite Suite April 6. Suite April 6. Suite S	3500 EL CONQUISTADOR PKWY # 339		3500 EL CONQUISTADOR PKWY # 339		SLUNGTARY OF STATE- TALLAHASSEE, FLORIDA	
Sille, App. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19						
Zip Country Zip Country S. Certification Shalls Dosered S.S. 75 Additional Fee Recognition  6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  7. Name and Address of New Registered Agent  Name  Nam	Suite, Apt. #, etc.		Suite, Apt. #. etc.			
S. Cellification of Shilles Desired   Fee Required   S. Cellification of Shilles Desired   Fee Required   Street Address of New Registered Agent   Name   Name   Name   Not Acceptable)   Street Address of New Registered Agent   Name   Street Address of Po. Box Number is Not Acceptable)   Street Address of Po. Box Number is Not Acceptable)   Street Address of New Registered Agent   Name   Name   Name   Name   Name   Not Acceptable   Not Acceptable   Name   Name   Name   Name   Not Acceptable   Not Acceptable   Not Acceptable   Not Acceptable   Not Acceptable   Name   Na	City & State				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Name  Street Address (P.O. Box Number is Not Acceptable)  File Including the Address of Portice I am lamiliar with, and accept the acceptable of Portice I acceptable of Portice I am lamiliar with, and acceptable of Portice I acceptable	Zip	Country	Zip	Country		
Size Address (P.O. Box Number is Not Acceptable)    City   FL   Zip Code					7. Name and Address of New Registered Agent	
E. The above named entity submits his statement for the purpose of changing its registered office or registered agent, or both, in the State of Plorida. I am lamiliar with, and accept the obligations of registered agent.  SIGNATURE  Synature, speal or present agent and the 4 accidance PIOTE Angeweed Agent signature recursed enter variating)  FILE (400WIII PELS \$150.00   9. Election Campaign Firancing	3924 9TH AVE W				ss (P.O. Box Number is Not Acceptable)	
SIGNATURE    Signature   Speakure				City	FL Zip Code	
FILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  Trust Fund Contribution.  Added to Fees  Added to Fe						
Trust Fund Contribution.   Added to Fees	SIGNATURE Signature, typed or printed name of régistered agent, and title if applicable (NOTE: Régistered Agent signature required when reinstating)  DATE					
TITLE OCRTES, C EDUARDO NAME NAME STREET ADDRESS CITY-ST-2P  TITLE NAME NAME NAME NAME NAME NAME NAME NAM	FILE NOVIII FEE IS \$100.00					
MAME  CORTES, C EDUARDO  SIREF ADDRESS  PO BOX 595  BRADENTON, FL 34206  Delete  ITLE  NAME  SIREF ADDRESS  CITY-ST-2IP  TITLE  C Change  Addition  NAME  SIREF ADDRESS  CITY-ST-2IP  TITLE  C Change  Addit	10.					
TITLE NAME STREET ADDRESS CITY-ST-ZP  TITLE NAME STREET ADDRESS CITY-S	NAME STREET ADDRESS	CORTES, C EDUARDO PO BOX 595	☐ Delete	NAME AL STREET ADDRESS 3.54	BAN, MARIA C.  OO EI CONOUISTROOR PARKWAY + 339	
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NAME STREET ADDRESS CITY-ST-ZIP  TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  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.	NAME STREET ADORESS		☐ Delete	NAME STREET ADDRESS	☐ Change ☐ Addition	
NAME  STREET ADDRESS  CITY-ST-ZIP  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 trusted 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.	NAME STREET ADDRESS		☐ Detete	NAME STREET ADDRESS	₩3/b □ Change □ Addition	
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SIGNATURE: X SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Phone (	indicated of the cor	on this report or supplemental report i poration or the receiver or trusted emp	s true and accurate and that mo owered to execute this report a	ny signature shall have tl	he same legal effect as if made under oath; that I am an officer or director	
	SIGNAT	URE: X SIGNATURE AND TYPED OR	PRINTED NAME OF SIGNING OFFICER O	DR DIRECTOR	02 - 28 - 2005 · 941 2388649	