


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000072681 1. Entity Name ILLUSTRATED 5, INC.	
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Principal Place of Business 6177 JOG ROAD D6 LAKE WORTH, FL 33467	Mailing Address 6177 JOG ROAD D6 LAKE WORTH, FL 33467
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01052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GREEN, MARIAN 6177 JOG ROAD D6 LAKE WORTH, FL 33467

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BIGGS, DAN 116 CLEAVLAND ROAD LAKE WORTH, FL 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREEN, MARIAN 6733 PALERMO WAY LAKE WORTH, FL 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACOBSON, ELAINE 1002 GREEN PIE BLVD. H-1 WEST PALM BEACH, FL 33409
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEWIS, JOANNE 326 KNOTTY PINE CIRCLE D-1 LAKE WORTH, FL 33463
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUMNER, SHARON 115 WEST PALM AVENUE LAKE WORTH, FL 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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04/25/05-80021-003 150.00

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 attachment with an address, with all other like empowered.

SIGNATURE Joanne K. Lewis (D) **4/19/05 (561) 967-7133**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #