

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000078144

FILED
Apr 08, 2005
Secretary of State

Entity Name: TREASURECOM FINANCIAL HOLDINGS, INC.

Current Principal Place of Business:

3965 INVESTMENT LANE
SUITE A5
WEST PALM BEACH, FL 33404

New Principal Place of Business:

224 DATURA STREET
SUITE 506
WEST PALM BEACH, FL 33401

Current Mailing Address:

3965 INVESTMENT LANE
SUITE A5
WEST PALM BEACH, FL 33404

New Mailing Address:

224 DATURA STREET
SUITE 506
WEST PALM BEACH, FL 33401

FEI Number: 02-0633480

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: TREASURE, MICHAEL
Address: 3965 INVESTMENT LANE, SUITE A5
City-St-Zip: WEST PALM BEACH, FL 33404

Title: VD () Delete
Name: MAINA, MOSES
Address: 3965 INVESTMENT LANE, SUITE A5
City-St-Zip: WEST PALM BEACH, FL 33404

Title: TD () Delete
Name: KINNEY TREASURE, STACEE L
Address: 3965 INVESTMENT LANE, SUITE A5
City-St-Zip: WEST PALM BEACH, FL 33404

Title: SD (X) Delete
Name: GRAHAM, ALVIN
Address: 3965 INVESTMENT LANE, SUITE A5
City-St-Zip: WEST PALM BEACH, FL 33404

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: TREASURE, MICHAEL
Address: 224 DATURA STREET, SUITE 506
City-St-Zip: WEST PALM BEACH, FL 33401

Title: VD (X) Change () Addition
Name: MAINA, MOSES
Address: 224 DATURA STREET, SUITE 506
City-St-Zip: WEST PALM BEACH, FL 33401

Title: TD (X) Change () Addition
Name: KINNEY TREASURE, STACEE L
Address: 224 DATURA STREET, SUITE 506
City-St-Zip: WEST PALM BEACH, FL 33401

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MICHAEL TREASURE

PD

04/08/2005

Electronic Signature of Signing Officer or Director

Date