2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State
04-20-2005 90792 001 ***300.00

DOCUMENT # P02000084218

1. Entity Name
MAY A. OUANO, INC.

Principal Place of Business
8731 MARTINIQYE LN.
PORT RICHEY, FL 34668

Mailing Address
105 MAIN STREET
NEW PORT RICHEY, FL 34653

66011723

2. Principal Place of Business

Suite, Apt #, etc

City & State

Zip Country

3. Mailing Address
6105 Main Street
Suite, Apt #, etc
City & State
New Port Richey, FL
Zip 34653 Country Pasco

03292005 Chg-P CR2E034 (10/03)

4. FEI Number
55-0792860
Applied For
Not Applicable

5. Certificate of Status Desired — $8.75 Additional Fee Required

6. **Name and Address of Current Registered Agent**

OUANO, MAY A
8731 MARTINIQUE LANE
PORT RICHEY, FL 34668

7. **Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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 DATE

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	D	Delete
NAME	OUANO, MAY A	
STREET ADDRESS	8731 MARTINIQUE LANE	
CITY-ST-ZIP	PORT RICHEY, FL 34668	
TITLE		Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Delete
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TITLE		Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		Change	Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		Change	Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		Change	Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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TITLE		Change	Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		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 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: MAY A. OUANO PRESIDENT 4/05/05 (727)992-2039
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #