2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2005 08:00 AM Secretary of State **DOCUMENT # P02000094306** 1. Entity Name BORDACHE COMPANIES, INC. Principal Place of Business Mailing Address 2207 54TH ST S 2207 54TH ST S GULFPORT, FL 33707 GULFPORT, FL 33707 04122005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 82-0561825 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE HASTINGS, DAVID C 2207 54TH ST S GULFPORT, FL 33707 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS **PSTD** TITLE BOWSER, ELIZABETH NAME STREET ADDRESS 2207 54TH ST S U00000349360 GULFPORT, FL 33707 CITY-ST-ZIP 05/02/05-80062-002 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 truster expowered to execute this report at required by Chapter 807, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an additional statutes.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

GNATE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Date Caytime Phone 6