

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000095856

FILED
Apr 07, 2005
Secretary of State

Entity Name: ONLY POCKET CHANGE INC.

Current Principal Place of Business:

930 SOUTH FEDERAL HIGHWAY
DEERFIELD BEACH, FL 33441

New Principal Place of Business:

455 NE 3RD STREET
BOCA RATON, FL 33432

Current Mailing Address:

839 MALAGA DRIVE
BOCA RATON, FL 33432

New Mailing Address:

455 NE 3RD STREET
BOCA RATON, FL 33432

FEI Number: 42-1552180

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIMON, STUART A
839 MALAGA DRIVE
BOCA RATON, FL 33432 US

Name and Address of New Registered Agent:

SIMON, STUART A
455 NE 3RD STREET
BOCA RATON, FL 33432 US

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:

04/07/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SIMON, TRACY L
Address: 839 MALAGA DRIVE
City-St-Zip: BOCA RATON, FL 33432

Title: D () Delete
Name: SIMON, TRACY L
Address: 839 MALAGA DRIVE
City-St-Zip: BOCA RATON, FL 33432

Title: D () Delete
Name: RICE, GARY H
Address: 899 NE 78TH ST
City-St-Zip: BOCA RATON, FL 33487

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SIMON, TRACY L
Address: 455 NE 3RD STREET
City-St-Zip: BOCA RATON, FL 33432

Title: D (X) Change () Addition
Name: SIMON, TRACY L
Address: 455 NE 3RD STREET
City-St-Zip: BOCA RATON, FL 33432

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: TRACY SIMON

P

04/07/2005

Electronic Signature of Signing Officer or Director

Date