


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**May 13, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000110390</b> 1. Entity Name <b>MACHINA, INC.</b>	
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Principal Place of Business <b>2564 14TH AVE SW LARGO, FL 33770</b>	Mailing Address <b>2564 14TH AVE SW LARGO, FL 33770</b>
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**DO NOT WRITE IN THIS SPACE**



05102005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>54-2079962</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**BAERG, JOHN C  
2564 14TH AVE SW  
LARGO, FL 33770**

**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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C BAERG, JOHN 2564 14TH AVE SW LARGO, FL 33770
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MURDOCK, MONTE 4940 83RD AVE. N PINELLAS PARK, FL 33781
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/13/05-80008-015 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:  **JOHN BAERG** 5/10/2005 727-791-2198

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #