

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000121039

FILED  
Jul 26, 2005  
Secretary of State

Entity Name: LOW BID INC.

**Current Principal Place of Business:**

P.O.BOX 691  
POMPANO BEACH, FL 33062 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O.BOX 691  
POMPANO BEACH, FL 33062 US

**New Mailing Address:**

FEI Number: 35-2185195

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MCNULTY, GEORGE  
2294 NORTH RIVERSIDE DRIVE  
INDIALANTIC, FL 32903 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: P ( ) Delete  
Name: MCNULTY, GEORGE  
Address: 2294 N RIVERSIDE DR  
City-St-Zip: INDIALANTIC, FL

Title: S ( ) Delete  
Name: D'ANGELO, ERNEST  
Address: 111 BRINY AVE APT 914  
City-St-Zip: POMPANO BEACH, FL 33062

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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: GEORGE MCNULTY

P

07/26/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date