2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2005
Secretary of State

DOCUMENT# P02000121364

Entity Name: JUSTIFY THIS, INC.

Current Principal Place of Business:

220 MIRACLE MILE
221
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

220 MIRACLE MILE
221
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 36-4512928 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FORSHEE, BILL
6100 SW 85 AVE
MIAMI, FL 33143 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: DV ( ) Delete
Name: EHRMAN, BOB
Address: 19401 RIDGELAND DRIVE
City-St-Zip: MIAMI, FL 33157

Title: DP ( ) Delete
Name: EHRMAN, TROY
Address: 19401 RIDGELAND DRIVE
City-St-Zip: MIAMI, FL 33157

Title: DVS ( ) Delete
Name: FORSHEE, BILL
Address: 6100 SW 85 AVE
City-St-Zip: MIAMI, FL 33143

Title: DVT ( ) Delete
Name: LOCKWOOD, KEVIN
Address: 9011 SW 1965 DRIVE
City-St-Zip: MIAMI, FL 33157

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: BOB EHRMAN DV 01/26/2005

Electronic Signature of Signing Officer or Director Date