


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 13, 2005 8:00 am**  
**Secretary of State**

07-13-2005 90016 032 \*\*\*150.00

**DOCUMENT # P02000122338**

1. Entity Name  
**NESS, INC.**



Principal Place of Business      Mailing Address  
**445 S. FEDERAL HWY**      **445 S. FEDERAL HWY**  
**DELRAY BEACH, FL 33483**      **DELRAY BEACH, FL 33483**

**20063303**



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

04102005      Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
**16-1648195**      Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**JOSEPH K. NOFIL, P.A.**  
**3284 NORTH STATE, RD. 7**  
**LAUDERDALE LAKES, FL 33319**

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	PSTD	<input type="checkbox"/> Delete
NAME	SHORE, CHAIM	
STREET ADDRESS	445 S. FEDERAL HWY	
CITY-ST-ZIP	DELRAY BEACH, FL 33483	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

ATTACHMENT

Ness, Inc. 26063308

445 S Federal Hwy  
Delray Beach, FL 33483  
(561) 274-9016

June 13<sup>th</sup>, 2005

Division of Corporations  
P.O. Box 1500  
Tallahassee, Florida 32302

RE: P02000122338

Dear Officer:

Please be advised that we did not receive the renewal notice for 2005. As per your instructions we are now submitting the UBR 2005, along with a check for \$150.00 due in order to renew the corporation for this year. Please waive all the penalties due to the fact that we did not receive the renewal notice.

Please contact us if you need any additional information.

Sincerely,



Chaim Shore  
President