## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Apr 18, 2005 8:00 am Secretary of State **DOCUMENT # P02000127299** 04-18-2005 90581 042 \*\*\*150.00 1. Entity Name CONSTANTIA, INC. Principal Place of Business Mailing Address 20001100 8251 S W 6 COURT 8251 S W 6 COURT N LAUDERDALE, FL 33068 N LAUDERDALE, FL 33068 No Chg-P CR2E034 (10/03) 01122005 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1165902 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HUTCHINSON, DONALD DO NOT WRITE 8251 SW 6TH COURT LAUDERDALE, FL 33068 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\_ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS VD TITLE HUTCHINSON, WINSTON NAME 7921 RAMONA ST STREET ADDRESS CITY-ST-ZIP MIRAMAR, FL 33023 TITLE PUSEY, LANCELOTT NAME STREET ADDRESS 1 CROMER CLOSE CITY-ST-ZIP UXBRIDGE MIDDLESEX, UB83DA EN, TITLE WRAY, MYRTLE NAME STREET ADDRESS 80 A HALFORD RD. DO NOT WRITE IKENHAM MIDDLESEX MR 108GA, CITY-ST-ZIP PMDS ----TITLE IN-THIS SPACE HUTCHINSON, DONALD NAME STREET ADDRESS 8251 SW 6 COURT CITY-ST-ZIP N. LAUDERALE, FL. 33068 TITLE ANTHONY WRAY, NICHOLAS NAME STREET ADDRESS | 21 BARRINGTON AVE. CITY-ST-ZIP HAREGIELD, MIDDLESEX, ha4 oub TITLE NAME MONICA HOPE, SHARON 28 BIDEFORD RD. STREET ADDRESS CITY-ST-7IP SOUTH RUIS, MIDDLESEX, ha4 oub 12. I hereby certify that the information supplied with this filling 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.

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Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  O1122005 Chg-P CR2E034 (10/03)  City & State  4. FEI Number 65-1165902 Not Applie 65-1165902  Country 73 LOLF MITH BALK  6. Name and Address of Current Registered Agent  For Required  6. Name and Address of New Registered Agent  Name  HUTCHINSON, DONALD 8251 SW 6TH COURT LAUDERDALE, FL 33068  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 the obligations of registered agent.  SIGNATURE  FILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  Suite, Apt. #, etc.  O1122005 Chg-P CR2E034 (10/03)  Applie 65-1165902  Not Applie 65-1165902  Tourity 5. Certificate of Status Desired S8.75 Addition Fee Required  Address of New Registered Agent  Name  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 the obligations of registered agent.  SIGNATURE  FILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00	8251 S W 6 COURT 8251 S W 6 COURT						200371	09		
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Fee Required  6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  HUTCHINSON, DONALD  8251 SW 6TH COURT  LAUDERDALE, FL 33068  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 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)  PATE  FILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  Trust Fund Contribution.	7.	A Beach F.L.		Country	у	65-116	5902		No	plied For t Applicable litional
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