2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P02000127299

Entity Name: CONSTANTIA, INC

FILED Jun 06, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 8251 S W 6 COURT N LAUDERDALE, FL 33068 **Current Mailing Address: New Mailing Address:** 8251 S W 6 COURT N LAUDERDALE, FL 33068 FEI Number: 65-1165902 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HUTCHINSON, DONALD 8251 SW 6TH COURT LAUDERDALE, FL 33068 US 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition HUTCHINSON, WINSTON Name: Name: 7921 RAMONA ST Address: Address: City-St-Zip: MIRAMAR, FL 33023 City-St-Zip: Title: Title: (X) Delete () Change () Addition Name: PUSEY, LANCELOTT Name: 1 CROMER CLOSE Address: Address: UXBRIDGE MIDDLESEX, UB83DA EN, OC City-St-Zip: City-St-Zip: Title: Title: (X) Delete () Change () Addition WRAY, MYRTLE Name: Name: 80 A HALFORD RD. Address: Address: City-St-Zip: IKENHAM MIDDLESEX MR 108GA, City-St-Zip: Title: **PMDS** () Delete Title: () Change () Addition HUTCHINSON, DONALD Name: Name: Address: 8251 SW 6 COURT Address: City-St-Zip: N. LAUDERALE, FL 33068 City-St-Zip: Title: (X) Delete Title: () Change () Addition ANTHONY WRAY, NICHOLAS Name: Name: 21 BARRINGTON AVE. Address: Address: HAREGIELD, MIDDLESEX, HA4 OUB City-St-Zip: City-St-Zip: Title: (X) Delete Title: () Change () Addition MONICA HOPE, SHARON Name: Name: 28 BIDEFORD RD. Address: Address: City-St-Zip: City-St-Zip: SOUTH RUIS, MIDDLESEX. HA4 OUB

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.

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SIGNATURE:	DONALD HUTCHINSON	MR.	06/06/2005