

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000134085						
1. Entity Name ERIC DENIRO ENTERTAINMENT INC.						
Principal Place of Business 1108 FAIRLAWN DRIVE ROCKLEDGE, FL 32955	Mailing Address 1108 FAIRLAWN DRIVE ROCKLEDGE, FL 32955	<div style="margin-bottom: 10px;"></div> <div style="margin-bottom: 10px;">03292005 No Chg-P CR2E034 (10/03)</div> <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 70%; padding: 2px;">4. FEI Number 51-0440781</td><td style="width: 30%; padding: 2px;">Applied For Not Applicable</td></tr><tr><td colspan="2" style="padding: 2px;">5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required</td></tr></table>	4. FEI Number 51-0440781	Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required						
DO NOT WRITE IN THIS SPACE						
6. Name and Address of Current Registered Agent DOYLE, MIKE E.A. 1041 PALMER ROAD ROCKLEDGE, FL 32955						
DO NOT WRITE 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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS						
TITLE	PD	<div style="margin-bottom: 20px;">U00000354754 05/03/05-80120-005 150.00</div> <div style="margin-bottom: 20px;">DO NOT WRITE IN THIS SPACE</div>				
NAME	FINNEY, ERIC					
STREET ADDRESS	1108 FAIRLAWN DRIVE					
CITY-ST-ZIP	ROCKLEDGE, FL 32955					
TITLE	VD					
NAME	DOYLE, MICHAEL					
STREET ADDRESS	1108 FAIRLAWN DRIVE					
CITY-ST-ZIP	ROCKLEDGE, FL 32955					
TITLE						
NAME						
STREET ADDRESS						
CITY-ST-ZIP						
TITLE						
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)(f), 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: 		4-27-05 321-749-1033				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #				