

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000001788

FILED
Apr 30, 2005
Secretary of State

Entity Name: MARSHA-ANN DAVIDSON INTERNATIONAL, INC.

Current Principal Place of Business:

4752 NW 49TH CT.
TAMARAC, FL 33319

New Principal Place of Business:

Current Mailing Address:

4752 NW 49TH CT.
TAMARAC, FL 33319

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVIDSON, MARSHA-ANN
4752 NW 49TH CT.
TAMARAC, FL 33319 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: P () Delete
Name: DAVIDSON, MARSHA-ANN
Address: 4752 NW 49TH CT
City-St-Zip: TAMARAC, FL 33319 US

Title: T () Delete
Name: DAVIDSON, MARSHA-ANN
Address: 4752 NW 49TH CT
City-St-Zip: TAMARAC, FL 33319 US

Title: S () Delete
Name: DAVIDSON, MARSHANN
Address: 4752 NW 49TH CT
City-St-Zip: TAMARAC, FL 33319 US

Title: D () Delete
Name: DAVIDSON, MARSHA-ANN
Address: 4752 NW 49TH CT
City-St-Zip: TAMARAC, FL 33319 US

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: MARSHA-ANN DAVIDSON

P

04/30/2005

Electronic Signature of Signing Officer or Director

Date