


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000005298	
1. Entity Name A LEWIS FILM, INC.	

Principal Place of Business 8189 SE 76TH AVENUE TRENTON, FL 32693 US	Mailing Address 8189 SE 76TH AVENUE TRENTON, FL 32693 US
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DO NOT WRITE IN THIS SPACE



02192005 No Chg-P CR2E034 (10/03)

4. FEI Number 51-0441289	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent DUNCAN ALDEN JONES, ATTORNEY AT LAW 2010 SOUTH MAIN STREET HIGH SPRINGS, FL 32643
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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 _____

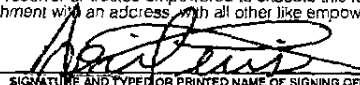
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, D LEWIS, APRIL M 8189 SE 76TH AVENUE TRENTON, FL 32693
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC LEWIS, APRIL M 8189 SE 76TH AVENUE TRENTON, FL 32693
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES LEWIS, APRIL M 8189 SE 76TH AVENUE TRENTON, FL 32643
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/10/05-80039-023 150.00

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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:  2-15-05 (352) 472-5957

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #