


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2005 8:00 am
Secretary of State

02-24-2005 90040 048 ***150.00

| | |
|--|---|
| DOCUMENT # P03000007100 |  |
| 1. Entity Name CANAVERAL MEDIA, INC. | |

| | |
|--|---|
| Principal Place of Business 5794 CARISSA ROAD MELBOURNE VILAGE, FL 32904 | Mailing Address P O BOX 120160 WEST MELBOURNE, FL 32912 |
|--|---|

40022753



| | |
|---|---------------------|
| 2. Principal Place of Business 730 E. Strawbridge Ave | 3. Mailing Address |
| Suite, Apt. #, etc. Suite #205 | Suite, Apt. #, etc. |

01202005 Chg-P CR2E034 (10/03)

| | |
|--|-----------------------|
| City & State Melbourne Florida | City & State |
| Zip 32901 | Country USA |

| | |
|---|--|
| 4. FEI Number 57-1147445 | 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 | |
| ADKINS, ELEANOR 5794 CARISSA ROAD MELBOURNE VILAGE, FL 32935 | |

| | |
|--|-----------------------------|
| 7. Name and Address of New Registered Agent | |
| Name Richard A. Whittington | |
| Street Address (P.O. Box Number is Not Acceptable) 730 E. Strawbridge Ave. - Suite 205 | |
| City Melbourne | Zip Code FL 32901 |

| | |
|---|------------------------|
| 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 <i>Richard A. Whittington</i> Richard A. Whittington | DATE 1-19-05 |

| | |
|---|--|
| 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 | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY ST ZIP | D <input type="checkbox"/> Delete WHITTINGTON, RICHARD A 730 EAST STRAWBRIDGE AVENUE - SUITE #205 MELBOURNE, FL 32901 | TITLE NAME STREET ADDRESS CITY ST ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY ST ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY ST ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY ST ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY ST ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY ST ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY ST ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY ST ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY ST ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY ST ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY ST ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

| | |
|---|-----------------------------------|
| 12. I hereby certify that the information supplied with this filing 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. | |
| SIGNATURE: <i>Richard A. Whittington</i> Richard A. Whittington | DATE: 1-19-05 321-984-2120 |