2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

of the corporation or the receiver or trustee empowered changed, or on an attachment with an address with all

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _

FILED Jan 10, 2005 08:00 AM Secretary of State DOCUMENT # P03000012817 1. Entity Name BUDNER ENTERPRISES, INC. ____Mailing Address Principal Place of Business ___ 7864 L'AQUILA WAY 7864 L'AQUILA WAY DELRAY BEACH, FL 33446 DELRAY BEACH, FL 33446 01052005 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 05-0553719 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BUDNER, SCOTT DO NOT WRITE 7864 L'AQUILA WAY DELRAY BEACH, FL 33446 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. Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. MR. TITLE NAME BUDNER, SCOTT STREET ADDRESS 7864 L'AQUILA WAY CITY-ST-ZIP DELRAY BEACH, FL 33446 U00000174733 01/10/05-80023-002 150.00 TITI F NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this indicated on this report or supplemental report is true. does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if