2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Oct 05, 2005
Secretary of State

DOCUMENT# P03000014216

Entity Name: SELECT INFORMATION EXCHANGE INC

Current Principal Place of Business:

819B OAK SHADOWS ROAD
CELEBRATION, FL 34747 US

New Principal Place of Business:

Current Mailing Address:

819B OAK SHADOWS ROAD
CELEBRATION, FL 34747 US

New Mailing Address:

FEI Number: 06-1677155 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WEIN, ALEX
819B OAK SHADOWS ROAD
CELEBRATION, FL 34747 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

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: WEIN, ALEX
Address: 819B OAK SHADOWS ROAD
City-St-Zip: CELEBRATION, FL 34747 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D ( ) Change (X) Addition
Name: WEIN, MATTHEW
Address: 819 OAK SHADOWS ROAD
City-St-Zip: CELEBRATION, FL 34747

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: MATTHEW WEIN D 10/05/2005

Electronic Signature of Signing Officer or Director Date