2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000016507

Entity Name: MR. LANDLORD INC.

FILED Apr 15, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2263 WEST NEW HAVEN 2263 WEST NEW HAVEN

SUITE 442 SUITE 442

MELBOURNE, FL 32904 WEST MELBOURNE, FL 32904

Current Mailing Address: New Mailing Address:

2263 WEST NEW HAVEN 2263 WEST NEW HAVEN

SUITE 442 SUITE 442

MELBOURNE, FL 32904 WEST MELBOURNE, FL 32904

FEI Number: 57-1157850 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

GHAWI, AZIZ GHAWI, AZIZ 2263 WEST NEW HAVEN 861 S.W. DEGROODT ROAD

PALM BAY, FL 32908 SUITE 442

WEST MELBOURNE, FL 32904 US

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: 04/15/2005

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTSD () Delete Title: PTSD (X) Change () Addition GHAWI, AZIZ Name: Name: GHAWI, AZIZ

861 S.W. DEGROODT ROAD 2263 WEST NEW HAVEN #442 Address: Address:

City-St-Zip: PALM BAY, FL 32908 City-St-Zip: WEST MELBOURNE, FL 32904

Title: VD Title: VD (X) Change () Addition () Delete Name: GHAWI, SANDY Name: GHAWI, SANDY

861 S.W. DEGROODT ROAD Address: Address:

2263 WEST NEW HAVEN #442 City-St-Zip: PALM BAY, FL 32908 WEST MELBOURNE, FL 32904 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: AZIZ GHAWI **PTSD** 04/15/2005