
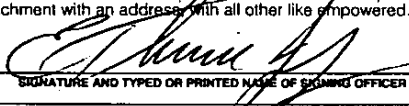


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90301 019 ***150.00

DOCUMENT # P03000063936 1. Entity Name BUCKINGHAM PALACE II, INC.					
Principal Place of Business 7891 REFLECTION COVE # 205 FORT MYERS, FL 33907 US			Mailing Address 7891 REFLECTION COVE # 205 FORT MYERS, FL 33907 US		
2. Principal Place of Business 14967 RIVERS EDGE CT. Suite, Apt. #, etc. # 203 City & State FORT MYERS, FL Zip 33908 Country US			3. Mailing Address 14967 RIVERS EDGE CT. Suite, Apt. #, etc. # 203 City & State FORT MYERS, FL Zip 33908 Country US		
4. FEI Number 20-0042285			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 JUNG, JACK 7861 REFLECTIONS COVE DR FORT MEYER, FL 33907			7. Name and Address of New Registered Agent Name JUNG, JACK Street Address (P.O. Box Number is Not Acceptable) 14967 RIVERS EDGE CT. # 203 City FORT MYERS FL Zip Code 33908		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing <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 Delete JUNG, THOMAS 7891 REFLECTION COVE # 205 FORT MYERS, FL 33907		TITLE NAME STREET ADDRESS CITY-ST-ZIP	REMOVE Change <input type="checkbox"/> Addition 14967 RIVERS EDGE CT. #203 FORT MYERS, FL 33908	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DIANE JUERGENS 14967 RIVERS EDGE CT. #203 FORT MYERS, FL 33908	
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: 			4/15/05 Date _____ Daytime Phone # _____		

50043432



04182005 Chg-P CR2E034 (10/03)