2005 FOR PROFIT CORPORATION

Mar 04, 2005 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # P0300065886 03-04-2005 90066 038 ***150.00 INFINITE POSSIBILITIES CONSULTING INC. Principal Place of Business Mailing Address P.O. BOX 832644 973105 P.O. BOX 832644 973105 MIAMI, FL 33283-2644 MIAMI, FL 33283-2644 33197 33197 2. Principal Place of Susiness 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02152005 Cha-P CR2F034 (10/03) City & State City & State 4. FEI Number Applied For 41-2100194 Not Applicable \$8.75 Additional Fee Required Country Zip Country 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DONAHUE, PATRICK Street Address (P.O. Box Number is Not Acceptable) 0140 SW 129 PLACE #1702 22528 SW 102 PATH MIAMI, FL 33183 33190 City Zip Code FL 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. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE ☐ Change Addition ☐ Delete DONAHUE, PATRICK NAME NAME 6410 6W 129 PL: #1702 22528 SW 102 PATH STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP MIAMI, FL -33188 33190 VΡ TITLE TITLE [7] Change ☐ Addition ☐ Delete DONAHUE, SANDRA NAME 6110-0W 129 PL: #1702 22528 SW 102 PATH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 32183 33/90 TITLE Delete. TITLE Change. ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition ☐ Change

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 attachme

CITY-ST-ZIP

STREET ADDRESS

NAME

NAME

STREET ADDRESS

CiTY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED