2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 24, 2005 08:00 AM Secretary of State

| DOCUMENT # P03000067762 1. Entity Name IT'S A LONG RIDE, INC. | | | | | 566 | i ciai y | oi State |
|--|---|---|---------------------------------------|-----------------------------------|-------------------------|-------------------|---|
| 5801 CONGR | re of Business RESS AVENUE N, FL 33487 | Mailing Address 5801 CONGRESS AVENUE BOCA RATON, FL 33487 | | | | | |
| DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent | | | | 03152005 4. FEI Numb 65-119 | | CR2E034 (10/0 | Applied For Not Applicable Additional |
| 500 EAST | H, GEOFFREY S BROWARD BLVD SUITE 1950 JDERDALE, FL 33394 | DO NOT WRITE IN THIS SPACE | | | | | |
| 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 regular when remaining) DATE | | | | | | | |
| FIL After Ma | E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00 | ncing \$5. | 00 May Be ed to Fees | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | OFFICERS AND DIF D WOLF, STEVEN 5801 CONGRESS AVE. BOCA RATON, FL 33487 | ECTORS | | | U0000027 03/24/05-80 | 4786 926-907 1 | 50.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | DO | NOT WE | RITE | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | | | |
| 12. I hereby certify that the Information supplied with this filling 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 repeated for fustee 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 attackment with an address with all other like empowered. | | | | | | | |
| SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Description of the control of the contr | | | | | | | |