2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005
Secretary of State

DOCUMENT# P03000082139

Entity Name: FLS INVESTORS, INC.

Current Principal Place of Business:

2577 MAYFAIR LANE
WESTON, FL 33327

New Principal Place of Business:

Current Mailing Address:

2577 MAYFAIR LANE
WESTON, FL 33327

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROBBINS, MARA L
386 MALLARD ROAD
WESTON, FL 33327 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: STACHEWITSCH, ANDRE
Address: 21145 HELMSMAN DRIVE, N12
City-St-Zip: AVENTURA, FL 33180

Title: V ( ) Delete
Name: STACHEWITSCH, MARC
Address: 4201 NORTH OCEAN DRIVE, APT. 405
City-St-Zip: HOLLYWOOD, FL 33019

Title: V ( ) Delete
Name: FRIEDEWALD, DON
Address: 1531 WEST OAK KNOLL CIRCLE
City-St-Zip: FORT LAUDERDALE, FL 33324

Title: ST ( ) Delete
Name: LERNER, HOLLY
Address: 2577 MAYFAIR LANE
City-St-Zip: WESTON, FL 33327

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: ( ) Change ( ) Addition
Name:
Address:
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: HOLLY LERNER ST 04/30/2005

Electronic Signature of Signing Officer or Director — Date