
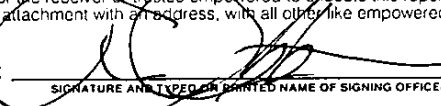


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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05 DEC 12 AM 11:20
FILED
TALLAHASSEE, FLORIDA

DOCUMENT # P03000097271 1. Entity Name EXECUTIVE CLOSING SERVICES, INC.					
Principal Place of Business 6927 DEARBORN PLACE BOYNTON BEACH, FL 33437			Mailing Address 6927 DEARBORN PLACE BOYNTON BEACH, FL 33437		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ROBB, DAVID 6927 DEARBORN PLACE BOYNTON BEACH, FL 33437				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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:  DATE: 12/6/05					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROBB, DAVID		NAME		
STREET ADDRESS	6927 DEARBORN PLACE		STREET ADDRESS		
CITY - ST - ZIP	BOYNTON BEACH, FL 33437		CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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: 			Date: 12/6/05 Daytime Phone:		

REINSTATEMENT

DEC 14 2005

ps 242

James J. Donovan, C.P.A., P.A.
3046 S. Congress Avenue
Lake Worth, FL 33461
Phone (561) 641-9550 Fax (561) 641-4781

December 7, 2005

Certified Return Receipt

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Executive Closing Services, Inc
P03000097271

Dear Sir or Madame,

Please be advised of the following facts and circumstances regarding the late filing of this return.

- 1. The taxpayer did not receive the annual business report, and had no knowledge that the annual report was required.**
- 2. Therefore we believe reasonable cause exists for you waiving the assessed penalty and making the client active again.**
- 3. If you have any questions, please feel free to contact our office.**

Thank you for your cooperation.

Sincerely,


James J. Donovan, C.P.A.

Cc: David Robb