
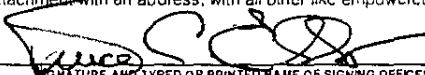


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000105933</b> 1. Entity Name <b>BRUCE ELLIS, INC.</b>		
Principal Place of Business <b>10350 CARLSON CIRCLE CLERMONT, FL 34711</b>	Mailing Address <b>10350 CARLSON CIRCLE CLERMONT, FL 34711</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>ELLIS, BRUCE C 10350 CARLSON CIRCLE CLERMONT, FL 34711</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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)</small> DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		
11. F NAME STREET ADDRESS CITY - ST - ZIP	P <b>ELLIS, BRUCE C 10350 CARLSON CIRCLE CLERMONT, FL 34711</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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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 or changed, or on an attachment with an address, with all other like empowered		
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>4/18/05</b> Date <small>Daytime Phone #</small>



04132005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>20-0461943</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

U00000330301  
04/25/05-80154-012 150.00

**DO NOT WRITE  
IN THIS SPACE**