

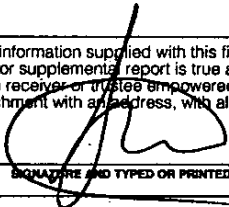


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2005 8:00 am**  
**Secretary of State**

04-21-2005 90229 030 \*\*\*150.00

<b>DOCUMENT # P03000113501</b> 1. Entity Name <b>S.A.M. ENTERPRISES INTERNATIONAL, INC.</b>					
Principal Place of Business <b>516 OSPREY LAKE CIRCLE CHULUOTA, FL 32766</b>				Mailing Address <b>516 OSPREY LAKE CIRCLE CHULUOTA, FL 32766</b>	
2. Principal Place of Business <b>7006 Stapoint Ct.</b> Suite, Apt. #, etc. <b>Suite C</b>		3. Mailing Address <b>7006 Stapoint Ct.</b> Suite, Apt. #, etc. <b>Suite C</b>			
City & State <b>Winter Park FL</b>		City & State <b>Winter Park FL</b>		4. FEI Number <b>57-1188155</b>	
Zip <b>32792</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MALLOY, STEVE M 516 OSPREY LAKE CIRCLE CHULUOTA, FL 32766</b>				7. Name and Address of New Registered Agent Name <b>Malloy, Steve M</b> Street Address (P.O. Box Number is Not Acceptable) <b>10267 Hart Branch Circle</b> City <b>Orlando</b> <b>FL</b> Zip Code <b>32832</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 _____ (NOTE: Registered Agent signature required when reinstating) _____ 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 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MALLOY, STEVE M 516 OSPREY LAKE CIRCLE CHULUOTA, FL 32766		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Malloy, Steve M 10267 Hart Branch Circle Orlando, FL 32832	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b>  <b>Steve M. Malloy</b> <b>4-19-05</b> <b>407-709-8483</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					