

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000113501

1. Entity Name
S.A.M. ENTERPRISES INTERNATIONAL, INC.



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

04-21-2005 90229 030 ***150.00

Principal Place of Business
516 OSPREY LAKE CIRCLE
CHULUOTA, FL 32766

Mailing Address

516 OSPREY LAKE CIRCLE
CHULUOTA, FL 32766

2. Principal Place of Business
700b Stapoint Ct.
Suite, Apt. #, etc.
Suite C
City & State
Winter Park FL
Zip 32792 Country USA
3. Mailing Address
700b Stapoint Ct.
Suite, Apt. #, etc.
Suite C
City & State
Winter Park FL
Zip 32792 Country USA



02152005 Chg-P CR2E034 (10/03)

4. FEI Number
57-1188155

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MALLOY, STEVE M
516 OSPREY LAKE CIRCLE
CHULUOTA, FL 32766

Name Malloy, Steve M

Street Address (P.O. Box Number is Not Acceptable)

10267 Hart Branch Circle
Orlando FL 32832

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD Delete
NAME MALLOY, STEVE M
STREET ADDRESS 516 OSPREY LAKE CIRCLE
CITY-ST-ZIP CHULUOTA, FL 32766

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD Change Addition
NAME Malloy, Steve M
STREET ADDRESS 10267 Hart Branch Circle
CITY-ST-ZIP Orlando, FL 32832

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

TITLE Delete
NAME
STREET ADDRESS
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CITY-ST-ZIP Change Addition

TITLE Delete
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CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP Change 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.

SIGNATURE:

Steve M. Malloy

4-19-05

407-709-8483

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR