2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

Aug 24, 2005 08:00 AM Secretary of State **DOCUMENT # P03000115366** 1. Entity Name DAVID GEORGE, INC. Principal Place of Business . Mailing Address 2011 BLUE HERON DRIVE 2011 BLUE HERON DRIVE MELBOURNE, FL 32940 MELBOURNE, FL 32940 The soften street a angunda cashijinga kashijinga ka No Chg-P CR2E034 (10/03) 06152005 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0314163 Not Applicable office designation of march a comment. \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE GEORGE, DAVID 2011 BLUE HERON DRIVE MELBOURNE, FL 32940 IN THIS SPACE 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 it applicable. (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the FILE NOW!!! FEE IS \$150.00 corporation did not receive the prior notice. Trust Fund Contribution. Due by September 7, 2005 Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME GEORGE, DAVID 2011 BLUE HERON DRIVE STREET ADDRESS MELBOURNE, FL 32940 CITY-ST-ZIP U00000376969 TITLE 08/24/05-80002-001 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP مستميرية الوالدي والما TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 path; 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:

STREET ADDRESS

CITY-ST-ZIP

LE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

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