2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 21, 2005 8:00 am Secretary of State

Mailing Address Sulf Address S	DOCUMENT # P03000136723 1. Entity Name BOXER CORPORATION					02-21-2005 9	90056 00	5 ***150	0.00
SUITE 600 SARASOTA, FI. 34237 2. Principal Place of Business 3. Mailing Address Suits, Apt. Fi. etc. City & State Applied for 20-0469121 Name MYERS, TROY H JR. 2033 MAIN STREET Street Address (If City & State City & State City & State City & State Street Address (If City & State City & State City & State Street Address (If City & State City & State Street Address (If City & State City & State City & State Street Address (If City & State Street Address (If City & State Street Address (If City & State City & State Street Address (If City & State If City & State Street Address (If City & State Street Add	Principal Place of Business	Mailing Address							
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MYERS, TROY H JR. 2033 MAIN STREET SUITE 600 SARASOTA, FL 34237 City FL Zip Code 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 Florica. I am familiar with, and accept the obtgallons of registered agent, or both, in the State of Florica. I am familiar with, and accept the obtgallons of registered agent. SIGNATURE FILE NOWIII FEE IS \$150.00 After May 1, 2005 Fee will be \$\$50.00 Tust Fund Contribution. OFFICERS AND DIRECTORS Tust Fund Contribution. Delection Campaign Financing Trust Fund Contribution. The ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. ADDITIONS/CHANGES TO OF	6. Name and Address of Current	Registered Agent		ĭ	7 Name and Ar	ddrass of New Ro		····	7
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SARASOTA, FL 34237 City FL Zip Code	1			Street Addr	ress (P.O. Box Number i	is Not Acceptable))		
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12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTORS Delete Delete CH2 E 5R8 CANADA Delete CH2 E 5R8 CANADA Delete Delete Delete Delete Delete	11. TITLE NAM STRE CITY TITLE NAM STRE	E E E E E E E E E E E E E E E E E E E	ADDITIONS/CE P S Holland, E. M O4 Gwendolen Foronto, Onta O Holland, F. J C2 Wolfe Cres Bolton, Onta O Holland, Chri A76 Rattray E	Nicolaas Cres ario M2N 2 Jan sc. RR #2 rio L7E 5F	2L7, Ca	Change Change Change Change Change	Addition Addition Addition Addition

Interest certify that the information supplied with this flower that the information stated in Section 119.07(3)(f), Horida 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: