2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 04, 2005 8:00 am Secretary of State

DOCUMENT # P0400002111 1. Entity Name FULL THROTTLE INTERMEDIA, INC.							05-04-2005 90)138 043 **	*150	.00	
Principat Place of Business 14722 TALL TREE DR LUTZ, FL 33559			1	Mailing Address 14722 TALL TREE DR LUTZ, FL 33559							
2. Principal Place of Business			3.	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			03022005	Chg-P	CR2E034 (1	0/03)		
City & State			City & State			4. FEI Number 20-66	62895	_	No	plied For t Applicable	
Zip Country		_	Zip	Country		5. Certificate of	Status Desired	□ \$8.7 Fee F	5 Add lequired	litional d	
	6. Name	and Address of	Current Regis	tered Agent			7. Name and A	ddress of New Re	gistered Agent		
MILLER, CRAIG A 14722 TALL TREE DR LUTZ, FL 33559					Name Street Address (P.O. Box Number is Not Acceptable)						
						City	<u></u>		FL Z	p Code	9
 The above named entity submits this statement for the purpose of changing its regist the obligations of registered agent. 						ed office or registe	red agent, or both,	in the State of Flor		ır with,	and accept
SIGNATURE_		· · · · · · · · · · · · · · · · · · ·									
	Signature, typed	or printed name of regis-	fered acent and life.	il applicable (N		id Agent signature require			DATE		
			- agent and the	(,,	от с. надрыете		b when reinstading)				
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indicated on this report or supplied with disching does not quality 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: