2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000013126

Entity Name: EVONDOR PROPERTY INC.

FILED Mar 11, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1665 SE LENNARD ROAD
PORT ST. LUCIE, FL 34952
1842 SW CAPEHART AVE
PORT ST. LUCIE, FL 34953

Current Mailing Address: New Mailing Address:

1665 SE LENNARD ROAD PO BOX 8028

PORT ST. LUCIE, FL 34952 PORT ST. LUCIE, FL 34985

FEI Number: 27-0077270 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WILLIAMS, MICHELLE E

1665 SE LENNARD ROAD

WILLIAMS, MICHELLE E
PO BOX 8028

PORT ST. LUCIE, FL 34952 US PORT ST. LUCIE, FL 34985 US

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.

SIGNATURE: M, E. WILLIAMS 03/11/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 P
 () Delete
 Title:
 P
 (X) Cha

 Name:
 SEATON, DEVON B
 Name:
 SEATON, DEVON B

 Address:
 P.O. BOX 5265
 Address:
 P.O. BOX 8028

City-St-Zip: FORT LAUDERDALE, FL 33310 City-St-Zip: PORT ST LUCIE, FL 34985

Title: V () Delete Title: V (X) Change () Addition Name: WILLIAMS, MICHELLE E Name: WILLIAMS, MICHELLE E

 Address:
 1665 SE. LENNARD ROAD
 Address:
 PO BOX 8028

 City-St-Zip:
 PORT ST. LUCIE, FL 34952
 City-St-Zip:
 PORT ST. LUCIE, FL 34985

Title: () Delete Title: D () Change (X) Addition

 Name:
 Name:
 LAWRENCE, DOREEN

 Address:
 Address:
 6831 NW 7TH. CT.

 City-St-Zip:
 City-St-Zip:
 MARGATE, FL 33063

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: M. E. WILLIAMS V 03/11/2005