


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90427 040 ***150.00

DOCUMENT # P04000013977	
1. Entity Name EPINION AMERICA, INC.	

Principal Place of Business 940 SWEETWATER LANE #205 BOCA RATON, FL 33431	Mailing Address 940 SWEETWATER LANE #205 BOCA RATON, FL 33431
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2. Principal Place of Business 860 Cypress Park Way Apt #C	3. Mailing Address 7491 N. Federal Hwy C-5 #259
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City & State Pompano Beach, FL.	City & State Boca Raton, FL.
Zip 33064	Zip 33487
Country USA	Country USA

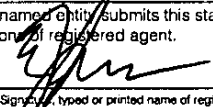


01142005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent JACOBS, JONATHAN D 940 SWEETWATER LANE 205 BOCA RATON, FL 33431	
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4. FEI Number 26-0078801	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent Name Jonathan Jacobs Street Address (P.O. Box Number is Not Acceptable) 860 Cypress Park Way Apt #C City Pompano Beach FL Zip Code 33064	

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  DATE **4/27/05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input checked="" type="checkbox"/> Delete	TITLE President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JACOBS, JONATHAN D		NAME Jonathan D. Jacobs	
STREET ADDRESS 940 SWEETWATER LANE #205		STREET ADDRESS 860 Cypress Park Way Apt C	
CITY-ST-ZIP BOCA RATON, FL 33431		CITY-ST-ZIP Pompano Beach, FL 33064	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: 	DATE: 4/27/05	DAYTIME PHONE #: 561-350-9928
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		