

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000017349

FILED
Sep 16, 2005
Secretary of State

Entity Name: SNIPS, INC.

Current Principal Place of Business:

1021 N. THIRD ST.
JAX BEACH, FL 32250 US

New Principal Place of Business:

1094 N. THIRD ST.
JAX BEACH, FL 32250 US

Current Mailing Address:

1021 N. THIRD ST.
JAX BEACH, FL 32250 US

New Mailing Address:

1094 N. THIRD ST.
JAX BEACH, FL 32250 US

FEI Number: 26-5639114

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POLLARD, MERCY S
1021 N. THIRD ST.
JAX BEACH, FL 32250 US

Name and Address of New Registered Agent:

POLLARD, MERCY S
1094 N. THIRD ST.
JAX BEACH, FL 32250 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:

09/16/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: POLLARD, MERCY S
Address: 1021 N. THIRD ST.
City-St-Zip: JAX BEACH, FL 32250 US

Title: VP/S () Delete
Name: HARPER, JAMES E
Address: 1021 N. THIRD ST.
City-St-Zip: JAX BEACH, FL 32250 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: POLLARD, MERCY S
Address: 1094 N. THIRD ST.
City-St-Zip: JAX BEACH, FL 32250 US

Title: VP/S (X) Change () Addition
Name: HARPER, JAMES E
Address: 1094 N. THIRD ST.
City-St-Zip: JAX BEACH, FL 32250 US

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: MERCY S. POLLARD

P

09/16/2005

Electronic Signature of Signing Officer or Director

Date