

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000019729

FILED
Mar 30, 2005
Secretary of State

Entity Name: EFFORTLESS INNOVATIONS, INC.

Current Principal Place of Business:

3243 STONEBRIDGE TRAIL
VALRICO, FL 33594 US

New Principal Place of Business:

1078 HONEYSUCKLE LN.
LARGO, FL 33770 US

Current Mailing Address:

3243 STONEBRIDGE TRAIL
VALRICO, FL 33594 US

New Mailing Address:

1078 HONEYSUCKLE LN.
LARGO, FL 33770 US

FEI Number: 20-0451235

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KRISTJANSON, JOHN A
3243 STONEBRIDGE TRAIL
VALRICO, FL 33594 US

Name and Address of New Registered Agent:

KRISTJANSON, JOHN A
1078 HONEYSUCKLE LN.
LARGO, FL 33770 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:

03/30/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KRISTJANSON, JOHN A
Address: 3243 STONEBRIDGE TRAIL
City-St-Zip: VALRICO, FL 33594 US

Title: DIR () Delete
Name: KRISTJANSON, JOHN A
Address: 3243 STONEBRIDGE TRAIL
City-St-Zip: VALRICO, FL 33594 US

Title: VP () Delete
Name: KRISTJANSON, AMY K
Address: 3243 STONEBRIDGE TRAIL
City-St-Zip: VALRICO, FL 33594 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: KRISTJANSON, AMY K
Address: 1078 HONEYSUCKLE LN
City-St-Zip: LARGO, FL 33770 US

Title: DIR (X) Change () Addition
Name: KRISTJANSON, AMY K
Address: 1078 HONEYSUCKLE LN.
City-St-Zip: LARGO, FL 33770 US

Title: VP (X) Change () Addition
Name: KRISTJANSON, JOHN A
Address: 1078 HONEYSUCKLE LN.
City-St-Zip: LARGO, FL 33770 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: AMY KRISTJANSON

DIR

03/30/2005

Electronic Signature of Signing Officer or Director

Date