2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005
Secretary of State

DOCUMENT# P04000028046

Entity Name: THE BOBS SQUARED, INC.

Current Principal Place of Business:

780 MULLET DRIVE
CAPE CANAVERAL, FL 32920 US

New Principal Place of Business:

780 MULLET DRIVE
122
CAPE CANAVERAL, FL 32920 US

Current Mailing Address:

780 MULLET DRIVE
CAPE CANAVERAL, FL 32920 US

New Mailing Address:

780 MULLET DRIVE
122
CAPE CANAVERAL, FL 32920 US

FEI Number: 41-2100890 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHILLINGER, CHARLES A ESQUIRE
1329 BEDFORD DRIVE
SUITE 1
MELBOURNE, FL 32940 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Change (X) Addition
Name: BERTRAND, ROBERT P MR.
Address: 1705 LARCHMONT COURT
City-St-Zip: MERRITT ISLAND, FL 32952 US

Title: V ( ) Change (X) Addition
Name: BERTRAND, CAROL L MRS.
Address: 1705 LARCHMONT COURT
City-St-Zip: MERRITT ISLAND, FL 32952 US

Title: T ( ) Change (X) Addition
Name: PURDY, ROBERT W MR.
Address: 1050 NORTH BANANA RIVER DRIVE
City-St-Zip: MERRITT ISLAND, FL 32952 US

Title: S ( ) Change (X) Addition
Name: PURDY, DEBRA A MRS.
Address: 1050 NORTH BANANA RIVER DRIVE
City-St-Zip: MERRITT ISLAND, FL 32952 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: CAROL LYNN BERTRAND V 04/27/2005

Electronic Signature of Signing Officer or Director Date