

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 26, 2005 8:00 am**  
**Secretary of State**

01-26-2005 90020 039 \*\*\*150.00

<b>DOCUMENT # P04000029732</b> 1. Entity Name <b>SITE FX INC</b>					
Principal Place of Business <b>25625 83RD AVENUE EAST MYAKKA CITY, FL 34251</b>			Mailing Address <b>5227 14TH STREET WEST BRADENTON, FL 34207</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>25625 83rd Ave East</b>  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State <b>Myakka City, FL</b>  Zip      Country <b>34251      Manatee</b>		4. FEI Number <b>20-0732145</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				01162005      Chg-P      CR2E034 (10/03)	
6. Name and Address of Current Registered Agent  <b>D&amp;K QUALITY ACCOUNTING &amp; TAX SERVICES INC 5227 14TH STREET WEST BRADENTON, FL 34207</b>			7. Name and Address of New Registered Agent Name <b>Ross Pfingsten CPA PA</b> Street Address (P.O. Box Number is Not Acceptable) <b>9526 59th Avenue East</b>  City <b>Bradenton</b> <b>FL</b> Zip Code <b>34202</b>		
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 <u><i>Ross Pfingsten CPA</i></u> <b>Ross Pfingsten CPA</b> <b>1-17-05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BROWN, CHRISTOPHER 25625 83RD AVENUE EAST MYAKKA CITY, FL 34251	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ALBRECHT, MARK D P. O. BOX 83 BRADENTON, FL 34206	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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: <u><i>Ross Pfingsten</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			1-25-05      941-322-1688 <small>Date      Daytime Phone #</small>		