


FILED  
Jun 03, 2005 8:00 am  
Secretary of State

05-23-2005 90005 015 \*\*\*150.00

2005 FOR PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # P04000043014			
1. Entity Name NO BOUNDARY CONSTRUCTION, INC.			
Principal Place of Business 4074 WATCH HILL RD ORLANDO, FL 32808		Mailing Address 4074 WATCH HILL RD ORLANDO, FL 32808	
2. Principal Place of Business 4074 WATCH HILL ROAD Suite, Apt. #, etc. 4074 WATCH HILL ROAD		3. Mailing Address 4074 WATCH HILL ROAD Suite, Apt. #, etc. 4074 WATCH HILL ROAD	
City & State ORLANDO FLORIDA		City & State ORLANDO FLORIDA	
Zip 32808		Country USA	
4. FEI Number 510500978		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PERSAUD, ANAND 4074 WATCH HILL RD ORLANDO, FL 32808		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		TITLE NAME STREET ADDRESS CITY- ST- ZIP	
P PERSAUD, ANAND 4074 WATCH HILL RD ORLANDO, FL 32808			
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		TITLE NAME STREET ADDRESS CITY- ST- ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		TITLE NAME STREET ADDRESS CITY- ST- ZIP	
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<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 807, 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>Anand Persaud</u>		407-299-1517	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	