2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000043663

Entity Name: 4UWESELL, INC.

FILED Jul 08, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5232 FALCON DRIVE 7171 TUDOR LANE

HOLIDAY, FL 34690 US PORT RICHEY, FL 34668 US

Current Mailing Address: New Mailing Address:

5232 FALCON DRIVE 7171 TUDOR LANE

HOLIDAY, FL 34690 US PORT RICHEY, FL 34668 US

FEI Number: 20-0828997 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MARSHALL, MARVIN E MARSHALL, MARVIN E 5232 FALCÓN DRIVE 7171 TUDOR LANE

HOLIDAY, FL 34690 US PORT RICHEY, FL 34668 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: 07/08/2005

> 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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete (X) Change () Addition MARSHALL, MARVIN E MARSHALL, MARVIN E Name: Name: 7171 TUDOR LANE 5232 FALCON DRIVE Address: Address:

PORT RICHEY, FL 34668 US City-St-Zip: HOLIDAY, FL 34690 US City-St-Zip:

Title: () Delete Title: (X) Change () Addition

SUTCLIFFE, HILDA R SUTCLIFFE, HILDA R Name: Name: 5232 FALCON DRIVE 7171 TUDOR LANE Address: Address:

HOLIDAY, FL 34690 US PORT RICHEY, FL 34668 US City-St-Zip: City-St-Zip:

Title: Title: (X) Change () Addition TRES () Delete TRES ROBYN, HILDA R SUTCLIFFE, HILDA R Name: Name:

5232 FALCON DRIVE 7171 TUDOR LANE Address: Address:

City-St-Zip: HOLIDAY, FL 34690 US City-St-Zip: PORT RICHEY, FL 34668 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.

Ρ SIGNATURE: MARVIN E. MARSHALL 07/08/2005