


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 8:00 am
Secretary of State

01-24-2005 90030 014 ***150.00

DOCUMENT # P04000047910	
1. Entity Name SHANNON VISENTIN INC.	

Principal Place of Business C/O COMPUKEEPER INC. 1446 NW 2ND AVENUE #105 BOCA RATON, FL 33432	Mailing Address C/O COMPUKEEPER INC. 1446 NW 2ND AVENUE #105 BOCA RATON, FL 33432
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2. Principal Place of Business 3209 SPANISH WELLS DRIVE	3. Mailing Address
Suite, Apt. #, etc. #37D	Suite, Apt. #, etc.
City & State DELRAY BEACH, FL	City & State
Zip 33445	Country U.S.A.

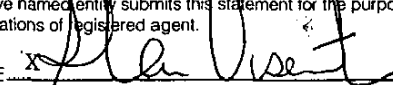


01132005 Chg-P CR2E034 (10/03)

4. FEI Number 20-0821383	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 VISENTIN, SHANNON C/O COMPUKEEPER INC. 1446 NW 2ND AVENUE #105 BOCA RATON, FL 33432	7. Name and Address of New Registered Agent Name SHANNON VISENTIN Street Address (P.O. Box Number is Not Acceptable) 3209 SPANISH WELLS DRIVE #37D City DELRAY BEACH FL Zip Code 33445
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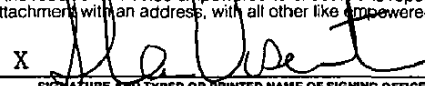
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **SHANNON VISENTIN, PR** 1/14/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VISENTIN, SHANNON 3209 SPANISH WELLS DRIVE #37-D DELRAY BEACH, FL 33445 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 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: **X**  **SHANNON VISENTIN, PR** 1/14/05 561-632-6180
Signature and typed or printed name of signing officer or director Date Daytime Phone #