

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 30, 2005 8:00 am
Secretary of State

06-21-2005 90002 033 ***150.00

DOCUMENT # P04000065115 1. Entity Name EYE PIZAZZ INC.					
Principal Place of Business 4000 N.W. 108TH. DR. CORAL SPRINGS, FL 33065			Mailing Address 4000 N.W. 108TH. DR. CORAL SPRINGS, FL 33065		
2. Principal Place of Business 9858 CLINT MOORE RD Suite, Apt. #, etc. C-101		3. Mailing Address P.O. Bx 771210 Suite, Apt. #, etc.		66024017 	
City & State BOCA RATON FL		City & State CORAL SPRINGS, FL		4. FEI Number 20-0981177	
Zip 33496		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BENNETT, KATHLEEN M 4000 N.W. 108TH. DR. CORAL SPRINGS, FL 33065				7. Name and Address of New Registered Agent Name KATHLEEN M. BENNETT Street Address (P.O. Box Number is Not Acceptable) 9858 CLINT MOORE RD City C-101 BOCA RATON FL Zip Code 33496	
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>Kathleen M. Bennett</i></u> 6/14/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BENNETT, RICK A 4000 N.W. 108TH. DR. CORAL SPRINGS, FL 33065	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BENNETT, KATHLEEN M 4000 N.W. 108TH. DR. CORAL SPRINGS, FL 33065	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	9858 CLINT MOORE RD C-101 BOCA RATON FL 33496	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	9858 CLINT MOORE RD C-101 BOCA RATON, FL 33496	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	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: <u><i>Kathleen M. Bennett</i></u> 6/14/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

M A S
PO BOX 771210
Coral Springs, Fl. 33077-1210
954-346-7288 - Broward 954-346-7217 Fax 305-621-9382 - Dade

666247

06/27/05

ATTACHMENT # P04000065115

Florida Department of State
PO BOX 1500
Tallahassee, Fl. 32302-1500

Re: Eye Pizazz, Inc.
Doc # P04000065115

To Whom It May Concern:

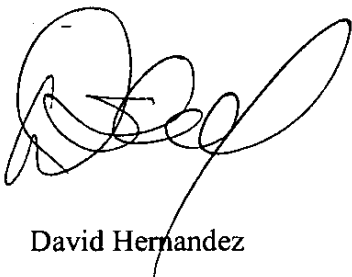
We are enclosing a request for the reinstatement of our client, Eye Pizazz, Inc. and have included the notice the fee was paid, but have not included the penalty due to our client not having received the corporate annual renewal documents because of an incorrect and change of address.

We notified the client the corporate renewal had not occurred and they requested our assistance in the procedures to pay the corporate renewal.

Based upon the failure of our client to receive the renewal form due to an address change, we are therefore formally requesting an acceptance of the renewal form without penalty.

Should you have any questions, please contact my office.

Thank you,
Sincerely,



David Hernandez