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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
20027930

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000066729

1. Entity Name
ANCHORPOINT SYSTEMS, INC.

Principal Place of Business	Mailing Address
705 E BAY DR STE B150 LARGO, FL 33770	705 E BAY DR STE B150 LARGO, FL 33770

2. Principal Place of Business: 7251 Central Ave no.	3. Mailing Address: 7251 Central Ave no.
Suite, Apt. #, etc.: Ste 101	Suite, Apt. #, etc.: Ste 101
City & State: St. Petersburg	City & State: St Petersburg
Zip: 33710 Country	Zip: 33710 Country

02012005 Chg-P CR2E034 (10/03)

4. FEI Number: 55-0864699 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145	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 ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	DPST VAUGHN, JAMES R JR. 705 E BAY DR STE B150 LARGO, FL 33770	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TALBOT, JAMES TYLER 705 E BAY DR STE B150 LARGO, FL 33770	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: JAMES R. VAUGHN JR. PRESIDENT 05APR05 727 4926982
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #