

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000069695

Entity Name: EXOTIC CHOPPERS INC

FILED
Jul 12, 2005
Secretary of State

Current Principal Place of Business:

1739 LEE RD
ORLANDO, FL 32810 US

New Principal Place of Business:

Current Mailing Address:

308 SPRING VALLEY DR.
ALTAMONTE SPRINGS, 32714

New Mailing Address:

308 SPRING VALLEY DR.
ALTAMONTE SPRINGS, FL 32714

FEI Number: 38-3702475

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOKESH, PAUL R
308 SPRING VALLY DR
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

KOKESH, PAUL R
308 SPRING VALLEY DR
ALTAMONTE SPRINGS, FL 32714 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: PAUL R. KOKESH

07/12/2005

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: PRES () Delete
Name: KOKESH, PAUL R
Address: 308 SPRING VALLEY RD
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: PAUL R. KOKESH

PRES

07/12/2005

Electronic Signature of Signing Officer or Director

Date