2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000072552

Entity Name: ARETE EXCHANGE, INC.

FILED Apr 28, 2005 Secretary of State

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

18912 NEST FERN CIR 19125 TIMBER REACH RD

TAMPA, FL 33647 TAMPA, FL 33647

Current Mailing Address: New Mailing Address:

18912 NEST FERN CIR
TAMPA, FL 33647

19125 TIMBER REACH RD
TAMPA, FL 33647

FEI Number: 20-1024020 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:

HOFFMAN, JEFFREY
18912 NEST FERN CIR
TAMPA, FL 33647 US
HOFFMAN, JEFFREY
19125 TIMBER REACH RD
TAMPA, FL 33647 US
TAMPA, FL 33647 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: 04/28/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition Name: HOFFMAN, JEFFREY Name: HOFFMAN, JEFFREY

Address: 18912 NEST FERN CIR Address: 19125 TIMBER REACH RD

City-St-Zip: TAMPA, FL 33647 City-St-Zip: TAMPA, FL 33647

 $\label{eq:title:V} {\sf Title:} \qquad {\sf V} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf V} \qquad {\sf (X) Change () Addition}$

 Name:
 BRADY, JOHN
 Name:
 BRADY, JOHN

 Address:
 345 BAYSHORE BLVD #904
 Address:
 33915 VENTIAN WAY

 City-St-Zip:
 TAMPA, FL 33606
 City-St-Zip:
 TAMPA, FL 33634

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: JEFF HOFFMAN P 04/28/2005