


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90472 003 ***150.00

DOCUMENT # P04000087754 1. Entity Name DONIZET CORPORATION																																					
Principal Place of Business 1825 LINHART AVE D04 LOT 67 FT MYERS, FL 33901			Mailing Address 1825 LINHART AVE D04 LOT 67 FT MYERS, FL 33901																																		
2. Principal Place of Business 5232 CENTENNIAL BND		3. Mailing Address 9818 BERNWOOD PL. # 208																																			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																																			
City & State LEHIGH ACRES, FL		City & State FORT MYERS, FL		4. FEI Number 201206806																																	
Zip 33971		Country LEE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																	
Zip 33971		Country LEE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																	
6. Name and Address of Current Registered Agent TAX HOUSE CORPORATION 1261 E SAMPLE RD POMPANO BCH, FL 33064			7. Name and Address of New Registered Agent Name DIRSON D. MOREIRA Street Address (P.O. Box Number is Not Acceptable) 9818 BERNWOOD PL. #208 F City FORT MYERS, FL Zip Code 33912																																		
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 DIRSON D. MOREIRA <i>Dirson D. Moreira</i> 3/13/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering.) DATE</small>																																					
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																																		
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:70%;"> DP MOREIRA, DIRSON D 1825 LINHART AVE D04 LOT 67 FT MYERS, FL 33901 <input type="checkbox"/> Delete </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MOREIRA, DIRSON D 1825 LINHART AVE D04 LOT 67 FT MYERS, FL 33901 <input type="checkbox"/> Delete															11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:70%;"> MOREIRA, DIRSON D. 9818 BERNWOOD PL. #208 FORT MYERS, FL 33912 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	MOREIRA, DIRSON D. 9818 BERNWOOD PL. #208 FORT MYERS, FL 33912 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition														
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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 <i>Dirson D. Moreira</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 3/13/05		Daytime Phone # 239-878-1367																																