## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 08, 2005 8:00 am Secretary of State 03-02-2005 90075 038 \*\*\*150.00

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1. Entity Name	MENT # P04000091 ER4YOU.COM INC,	540	,			
Principal Place	e of Business	Mailing Address				
112	OTH AVENUE (BAYPORT) EEK, FL 33068 US	8125, NICOLET Brossard, QC 14Y 2-S6 CA			66009004	
Principal Place of Business     3. Mailing Address				· 		
4450. NW	1. 30th Street (Baypert)	a. Maling Address			I LOUTHUR IN DEMI FIUN BRILL ONIN JUNK HUND KATAL AND DAN DIN DEN DAN DEN DEN DEN DEN DEN DEN DEN DEN DEN DE	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			02252005 Chg-P CR2E034 (10/03)	
City & State Colung + Creez, FL		City & State			4. FEI Number 33 \ 0 9 6 5 7 7   Not Applied For Not Applied Box	
Zip Country 75 VS		Zip Country		try	5. Certificate of Status Desired S8.75 Additional Fee Required	
- 44 Jan 1990	6. Name and Address of Current	Registered Agent		M	7. Name and Address of New Registered Agent	
LEGER, MARTIN PRES				Name Leger, Martin Pres,		
4450, NW,	30TH AVENUE (BAYPORT)		Street Addre		ess (P.O. Box Number is Not Acceptable)	
112 COCUNUT	CREEK, FL 33068		١.	44777.76	CALSUIN STOOM ( DONIEST ) I WALL	
			- 1	City	The Code   Zip Code   23 A6 (6 - 21 2 8	
R The shows	named entity automite this statement for	the oversee of changing its	eoietera	C0(u	WALL CLOSIC	
B. 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 Synthesis, system or develop manner of indigenated against and other of applicables. (NOTE: Registered Against applicative required when relinestating)  DATE:						
9. Election Campaign Financing , \$5.00 May Be 1 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution.						
73.0 % 92						
10.	P OFFICERS AND	DIRECTORS	11.	. 1	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  B Change	
NAME	LEGER, MARTIN		NAME	E   £	eger, Martin 1450, NW, 30th Street (Bayport) #112	
STREET ADDRESS CITY-ST-ZIP	4450, NW, 30TH AVENUE (BAY COCUNUT CREEK, FL 33068	PORT)		ET ADDRESS 4	ocument creek, FL 33066-2128	
TITLE	COCONOT CREEK, FE 33008	Delete	ITLE		Crange Addition	
HAME		LI OCEAL	NAME	3	C Steeling C Marian	
STREET ADDRESS				ET ADORESS		
CITY-SI-ZIP		По	-	-ST-ZIP		
TITLE NAME	_	☐ Delate	TITLE	1	Change Addition	
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP			-	-\$1-ZIP		
TITLE NAME		☐ Delete	TITLE	1	☐ Change ☐ Addition	
STREET ADDRESS	•		9	ET ADDRESS		
CITY-SI-ZIP	•		TITLE	-\$1- <i>2</i> 5F	C Norman C Addition	
NAME 23	44	☐ Deleta	NAME		☐ Change ☐ Addition	
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -		
TITLE -		Deleta	TITLE		Change Addition	
NAME .				11	Automobile of the Action Actio	
STREET ADDRESS CITY+ST-ZIP	1 M 1 M 1		1	ET ADDRESS	ייי אוריי	
	certify that the information supplied with	this filing class not qualify for		-ST-ZIP	in Section 119 07/3Vi) Florida Statutos 1 further applify that the information	
12. 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 out; 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: 1 (154) 461-8424						
AGGIATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DRIECTOR  Dea Optime Phone 8						