

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

2/25/2005-90149-022-\$150.00-\$150.00

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                               |                                                                                                              |                                                                                   |                                                                   |  |
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| <b>DOCUMENT # P04000096433</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                               |                                                                                                              |                                                                                   |                                                                   |  |
| 1. Entity Name<br><b>NUARA ENTERTAINMENT INCORPORATED</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                               |                                                                                                              |                                                                                   |                                                                   |  |
| Principal Place of Business<br><b>5260 N WEST 11TH STREET<br/>BROWARD, FL 33313</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                               |                                                                                                              | Mailing Address<br><b>5260 N WEST 11TH STREET<br/>BROWARD, FL 33313</b>           |                                                                   |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                               |                                                                                                              | 3. Mailing Address                                                                |                                                                   |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                               |                                                                                                              | Suite, Apt. #, etc.                                                               |                                                                   |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                               |                                                                                                              | City & State                                                                      |                                                                   |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Country                                                                                                       | Zip                                                                                                          | Country                                                                           | 4. FEI Number<br><b>03-0544918</b>                                |  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                               |                                                                                                              |                                                                                   | Applied For<br><input type="checkbox"/> Not Applicable            |  |
| 6. Name and Address of Current Registered Agent<br><b>SMITH, EVERTON M<br/>5260 N WEST 11TH STREET<br/>BROWARD, FL 33313</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                               |                                                                                                              | 7. Name and Address of New Registered Agent<br><b>Landeshill<br/>33351<br/>FL</b> |                                                                   |  |
| 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 <i>[Signature]</i> DATE <b>2/22/05</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                               |                                                                                                              |                                                                                   |                                                                   |  |
| FILE NOW!!! FEE IS \$150.00<br>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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                               |                                                                                                              | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                             |                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | P<br>EVERTON SMITH<br>5260 N. WEST 11TH STREET<br>BROWARD, FL 33313 <input type="checkbox"/> Delete           |                                                                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | VP<br>PATRICK GERIN<br>5260 N. West 11th Street<br>BROWARD, FL 33313 <input type="checkbox"/> Delete          |                                                                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | VP<br>AFRON D'MARLEY JOHNSON<br>5260 N. West 11th Street<br>BROWARD, FL 33313 <input type="checkbox"/> Delete |                                                                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Delete                                                                               |                                                                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Delete                                                                               |                                                                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Delete                                                                               |                                                                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> 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 officers empowered. |                                                                                                               |                                                                                                              |                                                                                   |                                                                   |  |
| SIGNATURE: <i>[Signature]</i> DATE <b>2/22/05</b> (953) 746-2411                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                               |                                                                                                              |                                                                                   |                                                                   |  |