


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 11, 2005 8:00 am**  
**Secretary of State**

02-11-2005 90021 034 \*\*\*158.75

<b>DOCUMENT # P04000101266</b>					
1. Entity Name DECHRISMAR, INC.					
Principal Place of Business 5524 SE SCHOONER OAKS WAY STUART, FL 34997			Mailing Address 5524 SE SCHOONER OAKS WAY STUART, FL 34997		
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 <b>20-1196198</b>	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HENDERSON, A. FAXON JR 12773 W FOREST HILL BLVD SUITE 206 WELLINGTON, FL 33414			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		<input type="checkbox"/> Delete	TITLE	PRESIDENT (P)(T)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	ENRIQUE L. KILAYKO	
STREET ADDRESS			STREET ADDRESS	5524 S.E. SCHOONER OAKS WAY	
CITY-ST-ZIP			CITY-ST-ZIP	STUART, FL 34997	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>E. L. Kilayko</u>			Date: <u>Feb. 9, 2005</u> (772) 288-3724		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		



02022005 Chg-P CR2E034 (10/03)