2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Jan 10, 2005 8:00 am Secretary of State 01-10-2005 90051 012 ***150.00

DOCUMENT # P04000102368 1. Entity Name DEGREE BUSTERS HOLDINGS, INC.						A delication of the state of th	01-10-2005 9	90051 012 ***150	.00
Principal Place of Business			Mailing Address						
337 1ST STR Jupiter, FL		337 1ST STREET Jupiter, FL 33458				ζ	600-K	2/2	
)	30-100	^	, 1121, 12 00 100			 	ب 11 مربر المربر المربر المربر		
2. Principal P	lace of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suile, Apt. #, etc.				01062005	Chg-P	CR2E034 (10/03)	
City & State	0	City & State				4. FEI Number 56-24223			pplied For ot Applicable
Zip	Country Zip		Zip	Country		6. Certificate of Status Desired		\$8.75 Additional Fee Required	
	6. Name and Address of Curre	nt Regis	tered Agent		-	7. Name and	Address of New	Registered Agent	
SNELL. TII	MOTHY I				Name				ľ
337 1ST STREET JUPITER, FL 33458					Street Address (P.O. Box Number is Not Acceptable)				
				Ì					
					City			FL Zip Cos	te
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$55	0.00	9. Election Campaig Trust Fund Contri		iding	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIRECTORS 1					ADDITIONS/	CHANGES TO OF	FICERS AND DIRECTOR	
TITLE	P SANDERS, STEVE		☐ Delete	TITLE				Change	Addition
STREET ADDRESS	337 1ST STREET				ET ADDRESS				
CHY-SI-ZP	JUPITER, FL 33458			CITY-	-SI-ZP				
TITLE NAME	VP SNELL, TIMOTHY J		☐ Delete	TITLE NAME				☐ Change	Addition
STREET ADDRESS	337 1ST STREET				ET ADDRESS				
GITY-ST-7/P	JUPITER, FL-33458		: 2	-CITY	-ST-ZIP				
THILE NAME	TRES SANDERS, STEVE		Delete	NAM				Change	Addition
STREET ADDRESS	I '				ET ADDRESS				
City-St-7iP	JUPITER, FL 33458			CITY	-ST-7)P				
TITLE	SEC SNELL, TIMOTHY J		☐ Delete	TITE F				☐ Change	Addition -
NAME STREET ADDRESS	337 1ST STREET				ET ADDRESS		•		
CITY-ST-ZIP	JUPITER, FL 33458			CITY	-ST-ZIP	·····			
TITLE			☐ Delete	TITI. S Nam	i			☐ Change	☐ Addition
NAME STREET ADDRESS					ET ADORESS				ļ
CITY-ST-ZIP				CITY	-SI-ZP				
ITTLE			☐ Delete	THILL				Change	Addition
NAME STREET ADORESS				MAM Stre	ET ADDRESS				
CITY-SI-ZIP					-SI-ZIP				

12. Thereby 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.