2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000106147

Entity Name: URBAN NATION, INC.

FILED Apr 30, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

7825 FAIRVIEW DR. 7825 FAIRVIEW DR.

SUITE 205 # 205

TAMARAC, FL 33321 US TAMARAC, FL 33321 US

Current Mailing Address: New Mailing Address:

7825 FAIRVIEW DR. 7825 FAIRVIEW DR.

SUITE 205 # 205

TAMARAC, FL 33321 US TAMARAC, FL 33321 US

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SOSTRE-DIAZ, MARILYN
7801 NE 4 CT
SUITE 516

MESTRE, MICHELLE
7825 FAIRVIEW DRIVE
205

MIAMI, FL 33138 US TAMARAC, FL 33321 US

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.

SIGNATURE: MICHELLE MESTRE 04/30/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition

 Name:
 MESTRE, MICHELLE
 Name:
 MESTRE, MICHELLE

 Address:
 7825 FAIRVIEW DR., SUITE 205
 Address:
 7825 FAIRVIEW DR., # 205

 City-St-Zip:
 TAMARAC, FL 33321 US
 City-St-Zip:
 TAMARAC, FL 33321 US

Title: VP () Delete Title: VP (X) Change () Addition

 Name:
 SWEETING, KELSY
 Name:
 MESTRE, MATHEW

 Address:
 7825 FAIRVIEW DR., SUITE 205
 Address:
 9221 SUNSET STRIP

 City-St-Zip:
 TAMARAC, FL 33321 US
 City-St-Zip:
 SUNRISE, FL 33322 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHELLE MESTRE P 04/30/2005