2005 FOR PROFIT CORPORATION ANNUAL REPORT

Mailing Address

3. Mailing Address

City & State

Suite, Apt. #, etc.

1030 TRAILSIDE CT.

OAKLAND, FL 34760

DOCUMENT # P04000108245

PAYROLL DONE EASY, INC

Principal Place of Business

2. Principal Place of Business

1030 TRAILSIDE CT.

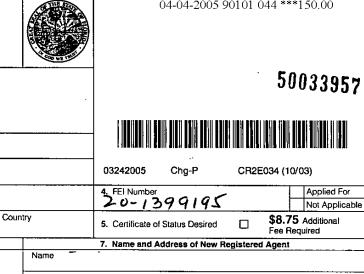
OAKLAND, FL 34760

Suite, Apt. #, etc.

City & State

FILED Apr 04, 2005 8:00 am Secretary of State

04-04-2005 90101 044 ***150.00



Zip 6. Name and Address of Current Registered Agent RIVERA, GERONIMO Street Address (P.O. Box Number is Not Acceptable) 1030 TRAILSIDE CT. OAKLAND, FL 34760 City Zip Code FL 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Delete TITLE ☐ Change Addition RIVERA, GERONIMO NAME NAME STREET ADDRESS 1030 TRAILSIDE CT. STREET ADDRESS CITY-ST-ZIP OAKLAND, FL 34760 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition RIVERA, GERONIMO NAME NAME STREET ADDRESS 1030 TRAILSIDE CT. STREET ADDRESS CITY-ST-ZIP OAKLAND, FL 34760 CITY - ST- ZIP ☐ Delete LITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 empowered.

SIGNATURE:

OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #