## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000111503

Entity Name: ATARAXIA ENTERPRISES INC

FILED Aug 17, 2005 Secretary of State

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

 187 MONARCH DR
 3704-B WEST 23RD ST.

 SANTA ROSA BCH, FL 32459
 PANAMA CITY, FL 32405

Current Mailing Address: New Mailing Address:

 187 MONARCH DR
 3704-B WEST 23RD ST.

 SANTA ROSA BCH, FL 32459
 PANAMA CITY, FL 32405

FEI Number: 20-1520160 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

SAMAN, NICHOLAS

187 MONARCH DR

SANTA ROSA BCH, FL 32459 US

SAMAN, NICHOLAS

256 SOUTH GLADES TRAIL

PANAMA CITY BEACH, FL 32407 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: 08/17/2005

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change ( ) Addition SAMAN, NICHOLAS SAMAN, NICHOLAS Name: Name: 187 MONARCH DR Address: 256 SOUTH GLADES TRAIL Address: City-St-Zip: SANTA ROSA BCH, FL 32459 City-St-Zip: PANAMA CITY BEACH, FL 32407

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

 Name:
 SAMAN, VICTORIA
 Name:
 SAMAN, VICTORIA

 Address:
 187 MONARCH DR
 Address:
 256 SOUTH GLADES TRAIL

 City-St-Zip:
 SANTA ROSA BCH, FL 32459
 City-St-Zip:
 PANAMA CITY BEACH, FL 32407

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: NICHOLAS SAMAN PRES 08/17/2005