2	2005 FOR PROFIT CORPORATION ANNUAL REPORT						FILED Apr 26, 2005 8:00 am Secretary of State				
DOCUMENT # P04000114811 1. Entity Name WE'RE HERE PUBLISHING, INC.							04-26-200	5 90163 00	8 ***1	50.00	
Principal Place of Business Mailing Address 1003 JEFFORDS ST. P.0, 1264						₫ ው ስብ።					
CLEARWATER, FL 33756 CLEARWATER, FL 3375				57	3 irkultar til fallt kirkt frat datte otter i brigt stall grad i kradi irka			PANTA ATANÀNA PENN	FMML EL INCOL		
1401 S. Bettyhane			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #. etc.			04132005 Chg-P CR2E034 (10/03)					
Clive & State			City & State			4. FEI Numbe	370583		No	plied For Applicable	
337	156 USA	L	Zip	Country			of Status Desired	Fee	.75 Add Required	itional 3	
6. Name and Address of Current Registered Agent KNAPMEYER, DONALD C 635 CLEVELAND STREET SUITE C CLEARWATER, FL 33755 CLEARWATER, FL 33755 City CLEARWATER FL 33755 City CLEARWATER FL 33756 City CLEARWATER FL 33756 CIT											
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											
FILE NOWIII FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees											
10. TITLE	OFFIC	CERS AND DIREC	Delete	11. ITTLE	P	ADDITIONS/	CHANGES TO OFF	· · · _		· _ · · · · · · · · · · · · · · · · · ·	
NAME STREET ADDRESS CITY-ST-ZIP	HEATH, SALLY 1003 JEFFORDS STRE CLEARWATER, FL 33		L Delete	NAME STREET ADORESS CITY - ST - ZIP	Sall PO	Heath Box 12	64 FL 337	,	, Change	Addition	
TITLE NAME STREET ADORESS CITY - ST - 21P	VP,S DAMUS, ROB 1003 JEFFORDS STRE CLEARWATER, FL 33		Delets	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, Dav 505 CIec	s N.Je	Herson A Fer F2	M	Change	Addition	
TITLE NAME Street address City-st-zip			Delete	TITLE NAME Street address City-st-zip					Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Delsta	TITLE Name Street address City-st-zip				D	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Delete	TITLE Name Street Address City-st-zip		-		0	Change	Addition	
TFTLE NAME STREET ADDRESS CITY-ST-ZIP			Delete	TITLE NAME STREET ADORESS CITY-ST-ZIP					Change	Addition	
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 insee 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 environmentation or the exemption is 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 a matching with all other like empowered.											
SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR											
