2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000116291

Entity Name: FLYERS4BUYERS, INC.

FILED Jul 17, 2005 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
1114 LOTHIAN DRIVE TALLAHASSEE, FL 32312				3012 WINDSOR WAY TALLAHASSEE, FL 32312		
Current Mailing Address:			New Maili	New Mailing Address:		
1114 LOTHIAN DRIVE TALLAHASSEE, FL 32312			3514 LIMERICK DRIVE TALLAHASSEE, FL 32309			
FEI Number	: 20-1967448	FEI Number Applied For ()	FEI Number Not App	licable ()	Certificate of Status Desired ()	
Name and	Address of (Current Registered Agent:	Name and	Address of	New Registered Agent:	
	BILL ESQ TIAL CIRCLE SSEE, FL 323					
	named entity of Florida.	submits this statement for the	purpose of changing i	ts registered	office or registered agent, or both	
SIGNATU	RE:					
	Electro	nic Signature of Registered Ag	jent		Date	
		3(2)(b), F.S., the corporation did r	ot receive the prior notic	e.		
	npaign Financin S AND DIREC	g Trust Fund Contribution ().	ADDITION	ISICHANGE	S TO OFFICERS AND DIRECTO	
Title: Name:	P (WESCOTT, BA) Delete RRAR I	Title: Name:	P WESCOTT, E	(X) Change()Addition	
Address:	1114 LOTHIAN		Address:	3012 WINDS		
City-St-Zip:	TALLAHASSEE		City-St-Zip:		EE, FL 32312	
Title	V (\ Doloto	Title:		() Change () Addition	
Title: Name:	V (HOLCOMBE, L) Delete ORA P	Name:		() Change () Addition	
Address:	3514 LIMERIC		Address:			
City-St-Zip:		FL 323093139	City-St-Zip:			
Title:	S () Delete	Title:		() Change () Addition	
Name:	HOLCOMBE, F		Name:		()	
Address:	3514 LIMERIC	K DRIVE	Address:			
City-St-Zip:	TALLAHASSEE	E, FL 323093139	City-St-Zip:			
Title:	Т () Delete	Title:	Т	(X) Change()Addition	
Name:	BEITSCH, LES		Name:	BEITSCH, LE		
Address:	1114 LOTHIAN		Address:	3012 WINDS		
City-St-Zip:	TALLAHASSEE	E, FL 32312	City-St-Zip:	TALLAHASSE	EE, FL 32312	

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: LORA HOLCOMBE V 07/17/2005