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FILED
May 13, 2005 8:00 am
Secretary of State

03-02-2005 90075 036 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000121859

1. Entity Name
NET-DOLLARS.COM INC.

G6016939

02252005 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
4450, N.W. 30TH AVENUE #112 COCUNUT CREEK, FL 33068 US	5434, WEST SAMPLE ROAD, PMB # 223, MARGATE, FL 33073 US

2. Principal Place of Business		3. Mailing Address	
4450, N.W. 30th Street (Bayport)		4450, NW, 30th street (Bayport)	
Suite, Apt. #, etc.: 112		Suite, Apt. #, etc.: 112	
City & State: Cocunut Creek FL		City & State: Cocunut Creek FL	
Zip: 33066-2128	Country: US	Zip: 33066-2128	Country: US

4. FEI Number 331096577. ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
LEGER, MARTIN
5434, WEST SAMPLE ROAD,
PMB # 223,
MARGATE, FL 33073

7. Name and Address of New Registered Agent
Name: Leger, Martin
Street Address (P.O. Box Number is Not Acceptable): 4450, NW, 30th Street (Bayport) # 112
City: Cocunut Creek FL Zip Code: 33066-2128

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] Feb 24, 2005
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEGER, MARTIN 5434, WEST SAMPLE ROAD, PMB # 223 COCUNUT CREEK, FL 33073	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Leger, Martin 4450, NW, 30th street (Bayport) # 112 Cocunut Creek, FL 33066-2128	☒ 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		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS 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 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, with all other like empowered.

SIGNATURE: [signature] Feb 24, 2005 (514) 916-9150 (954) 461-8424
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #