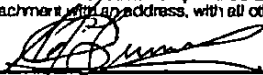


2005 FOR PROFIT CORPORATION ANNUAL REPORT

6/20/2005-90003-015-\$150.00-\$150.00

DOCUMENT # P04000123404 1. Entity Name F.M.R.N.S. CORPORATION						FILED 05 JUL -6 PM 2:35 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 9572 SIDNEY HAYES RD. ORLANDO, FL 32824				Mailing Address 9572 SIDNEY HAYES RD. ORLANDO, FL 32824			
2. Principal Place of Business		3. Mailing Address		 06152005 Chg-P CR2E034 (10/03)			
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
4. FEI Number 20-1546397				☐ Applied For ☐ Not Applicable			
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent TURANI, FELIX JOSE 9572 SIDNEY HAYES RD. ORLANDO, FL 32824				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____			
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 reappointing)							
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
In accordance with s. 607.193(2)(b), F.S., if corporation did not receive the prior notice.							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD ☐ Delete			TITLE	☐ Change ☐ Ad		
NAME	TURANI, FELIX JOSE			NAME			
STREET ADDRESS	9572 SIDNEY HAYES RD.			STREET ADDRESS			
CITY - ST - ZIP	ORLANDO, FL 32824			CITY - ST - ZIP			
TITLE	☐ Delete			TITLE	☐ Change ☐ Ad		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
TITLE	☐ Delete			TITLE	☐ Change ☐ Ad		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
TITLE	☐ Delete			TITLE	☐ Change ☐ Ad		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
TITLE	☐ Delete			TITLE	☐ Change ☐ Ad		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
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 changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: 				FELIX JOSE TURANI			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				President			
				Date June 15/2005			
				Daytime Phone # 305-244-6055			