

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2005 8:00 am
Secretary of State

04-11-2005 90186 015 ***150.00

DOCUMENT # P04000126528 1. Entity Name EINSTEIN FUNDS, INC.					
Principal Place of Business 301 CLEMATIS STREET SUITE 3000 WEST PALM BEACH, FL 33402			Mailing Address 301 CLEMATIS STREET SUITE 3000 WEST PALM BEACH, FL 33402		
2. Principal Place of Business 301 Clematis St Suite, Apt. #, etc. Suite 3000 City & State		3. Mailing Address 301 Clematis St Suite, Apt. #, etc. Suite 3000 City & State			
Zip	Country	Zip	Country	4. FEI Number 41-2149747	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent PIKULA, DANIEL S 301 CLEMATIS STREET SUITE 3000 WEST PALM BEACH, FL 33402			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 301 Clematis St, Suite 3000 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 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	D ☐ Delete PIKULA, DANIEL S 4155 N HAVERHILL #1409 WEST PALM BEACH, FL 33417		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
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 11 if changed, or on an attachment with an address, with full and like empowered.					
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 5/12/05		
Daytime Phone #			Daytime Phone #		

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