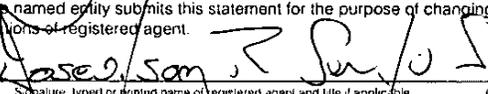
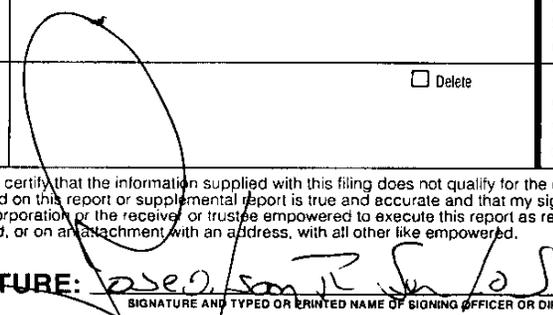


2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000127492 1. Entity Name INVADILSON INC		 FILED 05 SEP 22 PM 2:36 SECRETARY OF STATE TALLAHASSEE, FLORIDA  
Principal Place of Business 814 PROVIDENCE RD BRANDON, FL 33511		Mailing Address 814 PROVIDENCE RD BRANDON, FL 33511
2. Principal Place of Business 814 PROVIDENCE TRACE		3. Mailing Address 814 PROVIDENCE TRACE
Suite, Apt. #, etc. 204		Suite, Apt. #, etc. 204
City & State BRANDON, FL		City & State BRANDON, FL
Zip 33511	Country US	4. FEI Number 20-1623081
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For Not Applicable
6. Name and Address of Current Registered Agent RODRIGUEZ DOS SANTOS, JOSE DILSON 814 PROVIDENCE RD BRANDON, FL 33511		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) 814 PROVIDENCE TRACE # 204 City BRANDON FL Zip Code 33511
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:  DATE: 09.17.05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>		
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE D <input type="checkbox"/> Delete NAME RODRIGUEZ DOS SANTOS, JOSE DILSON STREET ADDRESS 814 PROVIDENCE RD CITY-ST-ZIP BRANDON, FL 33511	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 814 PROVIDENCE TRACE # 204
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  DATE: 09.17.05 = 9517888 <small>Signature and typed or printed name of signing officer or director Date Daytime Phone #</small>		