

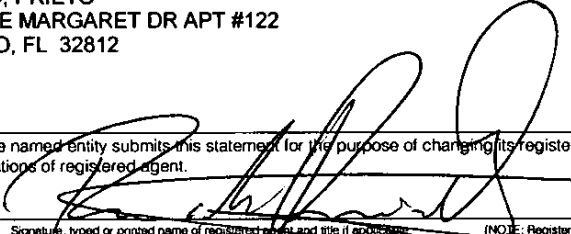
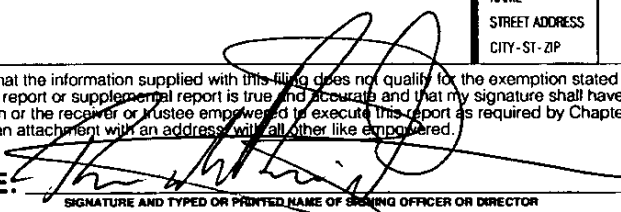


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90236 001 \*\*\*150.00  
05-03-2005 90236 002 \*\*\*\*\*8.75

<b>DOCUMENT # P04000128215</b> 1. Entity Name <b>EURO INVESTMENTS DEVELOPMENT, INC.</b>					
Principal Place of Business <b>5434 LAKE MARGARET DRIVE APT. #1220 ORLANDO, FL 32812 US</b>			Mailing Address <b>P.O BOX 621221 ORLANDO, FL 32862 US</b>		
2. Principal Place of Business <b>5434 lake Margaret Drive Suite, Apt. #, etc. Apto # 1220 City &amp; State Orlando, Fl. Zip 32812 Country U.S.</b>		3. Mailing Address <b>P.O Box 621294 Suite, Apt. #, etc. City &amp; State Orlando, Fl. Zip 32862 Country U.S.</b>			
04302005 Chg-P CR2E034 (10/03)		4. FEI Number <b>20-2567140</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Name and Address of Current Registered Agent <b>RICARDO, PRIETO 5434 LAKE MARGARET DR APT #122 ORLANDO, FL 32812</b>			
7. Name and Address of New Registered Agent Name <b>Ricardo Prieto</b> Street Address (P.O. Box Number is Not Acceptable) <b>5434 lake Margaret Dr Apto # 1220</b> City <b>Orlando</b> <b>FL</b> Zip Code <b>32812</b>		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  <b>4/30/2005</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO RICARDO, PRIETO P.O BOX 621221 ORLANDO, FL 32862	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO Ricardo Prieto P.O. Box 621294 Orlando, Fl 32862	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Reinaldo Prieto P.O. Box 621294 Orlando, Fl 32862	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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 			<b>4/30/2005 (407) 312-1992</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		