

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000132380

Entity Name: STUNTWARS, INC.

FILED
Apr 30, 2005
Secretary of State

Current Principal Place of Business:

8337 CORNEY DR.
PORT RICHEY, FL 34668

New Principal Place of Business:

7019 SAWMILL CIRCLE
OCOE, FL 34761

Current Mailing Address:

8337 CORNEY DR.
PORT RICHEY, FL 34668

New Mailing Address:

7019 SAWMILL CIRCLE
OCOE, FL 34761

FEI Number: 20-1669469

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WATERS, CODY W
501 E. KENNEDY BLVD., SUITE 1700
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

CHUMITA, ADAM L TREASUR
7019 SAWMILL CIRCLE
OCOE, FL 34761 US

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.

SIGNATURE: ADAM L. CHUMITA

04/30/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES () Change (X) Addition
Name: COLBERT, TODD
Address: 7019 SAWMILL CIRCLE
City-St-Zip: OCOE, FL 34761

Title: SEC () Change (X) Addition
Name: NICHOLAS, CHRIS
Address: 7019 SAWMILL CIRCLE
City-St-Zip: OCOE, FL 34761

Title: TREA () Change (X) Addition
Name: CHUMITA, ADAM L
Address: 7019 SAWMILL CIRCLE
City-St-Zip: OCOE, FL 34761

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ADAM L. CHUMITA

TREA

04/30/2005

Electronic Signature of Signing Officer or Director

Date