Daytime Phone II

2005 FOR PROFIT CORPORATION **ANNUAL REPORT DOCUMENT # P04000139044** 1. Entity Name

SERENDIPITY MANAGEMENT, INC. Principal Place of Business Mailing Address 2334 INDIAN MOUND TRAIL 2334 INDIAN MOUND TRAIL T. Roberts NOV 2 9 2005 KISSIMMEE, FL 34746 KISSIMMEE, FL: 34746 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc.: : Suite, Apt. #, etc. 06092005 CR2E034 (10/03) Chg-P 4. FEI Number City & State City & State Applied For Not Applicable Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent lones atricia JONES, ROGER G Street Address (P.O. Box Number is Not Acceptable) 2334 INDIAN MOUND TRAIL KISSIMMEE, FL 34746 1. * 1 * Sig * Si 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 agen (NOTE: Registered Agent signature required when reinstating) if registered agent and title if applicable. DATE FILE NOW!!! FEE:18 \$550,00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Due by September 7, 2005 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. -- --JIIL **X** Delete TITLE ☐ Change Addition NAME JONES, ROGER G NAME 2334 INDIÁN MOUND TRAÍL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP KISSIMMEE, FL 34746 ... CITY-ST-ZIP VΡ TITLE ☐ Delete THILE Addition Jones, fatricia M 2334 Indian Mound Tr. JONES, PATRICIA M HAME NAME STREET ADDRESS 2334 INDIAN MOUND TRAIL STREET ADDRESS CITY-ST-ZIP KISSIMMEE, FL 34746 CITY-ST-7IP 34746 1'ssimmel resident er A. Gonzalez Gegnette Court FL 3477 President IIIŒ Detete TITLE □ Change Addition NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY - ST - ZIP ☐ Delete TITLE Vice Addition THILE ☐ Change Thomas Iericitano NAME NAME 105 Westmoreland Circle STREET ADDRESS STREET ADORESS CITY - ST - ZIP CITY-ST-ZIE Delete TITLE Change TITLE ☐ Addition HARAF NAME 800061731268 11/28/05--01059--012 ***15 STREET ADDRESS STREET ADDRESS **150.00 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TIT) F Change ☐ Addition HAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 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.

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _

Florida Department of State Division of Corporations

Serendipity Management, Inc. 2334 Indian Mound Trail Kissimmee, FL 34746 Document # P04000139044

EIN: 20-1720272

I DID NOT receive and FAILED TO FILE a timely form UBR for 2005 for Serendipity Management, Inc did not receive and was unaware of the filing and deadline requirements of FORM UBR. I have just acquired an accountant who has informed me that I should have filed this form by 05/01/2005.

I am requesting that the department of state remove the penalty and accept my renewal as is. This was an honest mistake and many steps have been put into place to avoid these errors in the future. I take these filing requirements very seriously and only want to do the right thing.

I would appreciate any assistance in reference to this matter.

If you have any questions, please call Scott P. Long at (407) 343-5590 and he will be happy to help you.

Thank you,

Patricia M Jones

President