2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000144545

Entity Name: FLME, INC.

City-St-Zip:

TARPON SPRINGS, FL 34689

FILED Apr 10, 2005 Secretary of State

Littly Nai	ile. ITLIVIE, II	NO.					
Current Principal Place of Business:				New Principal Place of Business:			
13668 MARQUETTE BLVD FT MYERS, FL 33905				34848 US F PALM HAR	HWY 19 N BOR, FL 34684	US	
Current Mailing Address:				New Mailing Address:			
13668 MARQUETTE BLVD FT MYERS, FL 33905				34848 US HWY 19 N PALM HARBOR, FL 34684			
FEI Number:	20-1776289	FEI Number Applied For ()	FEI Nun	nber Not Appli	icable () Ce	ertificate of Status Des	sired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
WUCHKO, RON 13668 MARQUETTE BLVD FT MYERS, FL 33905 US				WUCHKO, RON 34848 US HWY 19 N PALM HARBOR, FL 34684 US			
The above in the State		submits this statement for the	purpose o	f changing it	ts registered office	e or registered age	nt, or both,
SIGNATURE:				04/10/2005			
Electronic Signature of Registered Agent				Date			
Election Can	npaign Financir	ng Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	D (WUCHKO, RO 13668 MARQU FT MYERS, FI	JETTE BLVD		Title: Name: Address: City-St-Zip:	D (X) Cha WUCHKO, RON 34848 US HWY 19 PALM HARBOR, FL		
Title: Name: Address: City-St-Zip:	D (WUCHKO, MA 13668 MARQU FT MYERS, FI	JETTE BLVD		Title: Name: Address: City-St-Zip:	D (X) Cha WUCHKO, MARYAN 34848 US HWY 19 PALM HARBOR, FL	N	
Title: Name: Address:	D (CONNELLY, B 1290 RALEIGH			Title: Name: Address:	() Cha	ange () Addition	

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.

City-St-Zip:

SIGNATURE: RON WUCHKO D 04/10/2005