

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 31, 2005 8:00 am
Secretary of State

04-26-2005 90152 039 ***150.00

DOCUMENT # P04000147754 1. Entity Name EVOLUTION-7 INC.					
Principal Place of Business 1400 7TH AVENUE N. ST. PETERSBURG, FL 33705			Mailing Address 1400 7TH AVENUE N. ST. PETERSBURG, FL 33705		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent MOCIO, PAWEL 1400 7TH AVENUE N. ST. PETERSBURG, FL 33705				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				4. FEI Number 20-1810777	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
SIGNATURE _____ (NOTE: Registered Agent signature required when reissuing) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P MOCIO, PAWEL 1400 7TH AVENUE N. ST. PETERSBURG, FL 33705	TITLE NAME STREET ADDRESS CITY- ST- ZIP	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP MOCIO, IRENE 1400 7TH AVENUE N. ST. PETERSBURG, FL 33705	TITLE NAME STREET ADDRESS CITY- ST- ZIP	Change Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	Change Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	Change Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	Change Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	Change 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 empowers.					
SIGNATURE: <i>Pawel Mocio</i>		PAWEL MOCIO PRES.		Date: 5-17-05 Daytime Phone #: 727-656-6374	