2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000151045

Address:

City-St-Zip:

FILED Apr 14, 2005 Secretary of State

Entity Name: SEAMLESS INFO INC. **Current Principal Place of Business: New Principal Place of Business:** 1194 OLD DIXIE HIGHWAY, SUITE 15 LAKE PARK, FL 33403 **Current Mailing Address: New Mailing Address:** 1194 OLD DIXIE HIGHWAY, SUITE 15 LAKE PARK, FL 33403 FEI Number: 59-3787573 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SPIEGEL & UTRERA, P.A. SHEIRS, VIRGINIA B 1840 SW 22ND ST. 1194 OLD DIXIE HIGHWAY, 4TH FLOOR SUITE 15 MIAMI, FL 33145 US LAKE PARK, FL 33403 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: VIRGINIA SHEIRS 04/14/2005 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition BAXLEY, CLINON O Name: Name: 1194 OLD DIXIE HIGHWAY, SUITE 15 Address: Address: City-St-Zip: LAKE PARK, FL 33403 City-St-Zip: Title: VPD Title: () Delete () Change () Addition Name: NEILSEN, TIMOTHY J Name: 1194 OLD DIXIE HIGHWAY, SUITE 15 Address: Address: LAKE PARK, FL 33403 City-St-Zip: City-St-Zip: Title: Title: SD) Delete () Change () Addition SILIO, ROB J Name: Name: 1194 OLD DIXIE HIGHWAY, SUITE 15 Address: Address: City-St-Zip: LAKE PARK, FL 33403 City-St-Zip: Title: TD () Delete Title: () Change () Addition SHEIRS, VIRGÍNIA B Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: VIRGINIA SHEIRS TD 04/14/2005

1194 OLD DIXIE HIGHWAY, SUITE 15

LAKE PARK, FL 33403