2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2005 8:00 am Secretary of State

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A PRINCIPAL PRINCE OF LUTIONS FRINKS, FL 32714 A SAME AND A STATE OF THE RESIDENCY OF THE PRINCIPAL PRINCE AND DIRECTORS NOT STATE OF THE SPRINGS FL 32714 A SAME AND A STATE OF THE SPRINGS FL 32714 A SAME AND A STATE OF THE SPRINGS FL 32714 A SAME AND A STATE OF THE SPRINGS FL 32714 A SAME AND A STATE OF THE SPRINGS FL 32714 A SAME AND A STATE OF THE SPRINGS FL 32714 A SAME AND A STATE OF THE SPRINGS FL 32714 A SAME AND A STATE OF THE SPRINGS FL 32714 A SAME AND A STATE OF THE SPRINGS FL 32714 B SAME AND A STATE OF THE SPRINGS FL 32714 A SAME AND A STATE OF THE SPRINGS FL 32714 B SAME AND A STATE OF THE SPRINGS FL 32714 B SAME AND A STATE OF THE SPRINGS FL 32714 COPY FLE NORTH FEE IS \$150,000 FROM FROM AND A STATE OF THE SPRINGS FL 32714 COPY FLE NORTH FEE IS \$150,000 FROM FROM AND A STATE OF THE SPRINGS FL 32714 COPY FLE NORTH FEE IS \$150,000 FROM FROM AND A STATE OF THE SPRINGS FL 32714 COPY FLE NORTH FEE IS \$150,000 FROM FROM AND A STATE OF THE SPRINGS FL 32714 COPY FLE NORTH FEE IS \$150,000 FROM FROM AND A STATE OF THE SPRINGS FL 32714 COPY FLE NORTH FEE IS \$150,000 FROM FROM AND A STATE OF THE SPRINGS FL 32714 COPY FLE NORTH FEE IS \$150,000 FROM FROM AND A STATE OF THE SPRINGS FL 32714 COPY FLE NORTH FEE IS \$150,000 COLUMN FLE IS \$150,000 FROM FROM AND A STATE OF THE SPRINGS FL 32714 COPY FLE NORTH FEE IS \$150,000 COLUMN FLE IS \$150,000 COLUMN FLE NORTH FEE IS \$150,000 COLUMN FLE IS \$	DOCUMENT # P040001542/1 1. Entity Name YOU-NIQUE, INC.							d A A A A A A A A A A A A A A A A A A A				
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Country Zp	Suite, Apt. #, etc.			Suite, Apt. #, etc.			04292005	Chg-P	CR2E034	(10/03)		
S. Certificate of Status Desired \$8,75 Actions \$9,75 Actio	City & State	e	<u>.</u>	City & State	City & State)Z			
Name	Zip	Zip Country			Zip Country			5 Certificate of Status Desired S8.75 Additional				
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A21 BAKER AVENUE ALTAMONTE SPRINGS FL, FL 32714 8. The above named entity-wulpmits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar warn, and accept the poligations of registaged agent. SIGNATURE Square, hoor to preceduate of registaged agent. POTE Registered Apent dignature reward when remarked in the purpose of changing its registered agent, or both, in the State of Florida. I am familiar warn, and accept the poligations of registaged agent. SIGNATURE Square, hoor to preceduate agent age	COEDE A	DMAND	,	Name								
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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		<u> </u>		The same of the sa								

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.

SIGNATURE:

AND TIPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

9-29-05

907 869-1860

Ozytene Phone #