2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE: 2

Jan 28, 2005 8:00 am Secretary of State DOCUMENT # P04000155600 1. Entity Name 01-28-2005 90040 041 ***158.75 DONATH ENTERPRISES INC. Principal Place of Business Mailing Address 8585 DOVERBROOK DRIVE 8585 DOVERBROOK DRIVE PALM BEACH GARDENS FL 33410 PALM BEACH GARDENS FL 33410 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 20-1938387 Not Applicable Zip Country 7ip Country \$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 Name DONATH, WERNER Street Address (P.O. Box Number is Not Acceptable) 8585 DOVERBROOK DRIVE PALM BEACH GARDENS FL 33410 Zip Code 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. JAN 21, 2005 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DPST TITLE TITLE Addition ☐ Delete Change DONATH, WERNER NAME NAME 8585 DOVERBROOK DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM BEACH GARDENS FL 33410 CITY-ST-7/P VP TITLE ☐ Delete TITLE Change ■ Addition DONATH, WERNER NAME NAME 8585 DOVERBROOK DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM BEACH GARDENS FL 33410 CITY-ST-ZIP TITLE ☐ Defete THILE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

FILED

TAN 21, 2005 (56/1845-6225