2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000165338

Entity Name: VILLAGER TODAY, INC.

FILED Apr 29, 2005 Secretary of State

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|---|--|-----------------------------------|---|--|------------------------------|------------|--|
| Current Principal Place of Business: | | | New Prin | New Principal Place of Business: | | | |
| | T HAMER F FL 34219 | ROAD | | | | | |
| Current Mailing Address: | | | New Mai | New Mailing Address: | | | |
| | T HAMER F FL 34219 | ROAD | | | | | |
| FEI Number: | : | FEI Number Applied For (X) | FEI Number Not Ap | plicable () | Certificate of Status Desir | ed () | |
| Name and | Address o | of Current Registered Agent | : Name an | Name and Address of New Registered Agent: | | | |
| 1804 FOR | S, MARIE C T HAMER F FL 34219 | | | | | | |
| | named enti e of Florida. | ity submits this statement for t | he purpose of changing | j its registered | l office or registered agent | , or both, | |
| SIGNATUF | RE: | | | | | | |
| | Elect | ronic Signature of Registered | Agent | Date | | | |
| Election Car | npaign Finan | cing Trust Fund Contribution (). | | | | | |
| OFFICERS | S AND DIR | ECTORS: | ADDITIO | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | | | |
| Title: Name: Address: City-St-Zip: | D HASTINGS, 1804 FORT PARRISH, F | HAMER ROAD | Title: Name: Address: City-St-Zip: | | () Change () Addition | | |
| Title: Name: Address: City-St-Zip: | D COLE, DAV 11326 30TH PARRISH, F | COVE EAST | Title: Name: Address: City-St-Zip: | | () Change () Addition | | |
| Title: Name: Address: City-St-Zip: | | () Delete | Title: Name: Address: City-St-Zip: | HASTINGS, I 826 OAK DR | IVE | | |

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.

SIGNATURE: MARIE HASTINGS D 04/29/2005