2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2005
Secretary of State

DOCUMENT# P04000167445

Entity Name: EVENT FUSIONS, INC

Current Principal Place of Business:

P.O. BOX 15092
PLANTATION, FL 33317

New Principal Place of Business:

P.O. BOX 15092
PLANTATION, FL 33318 US

Current Mailing Address:

P.O. BOX 15092
PLANTATION, FL 33317

New Mailing Address:

P.O. BOX 15092
PLANTATION, FL 33318 US

FEI Number: 75-3180212 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HALE, DOROTHY
6518 SW 20TH COURT
PLANTATION, FL 33317 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: HAKE, DOROTHY
Address: P.O. BOX 15092
City-St-Zip: PLANTATION, FL 33317

Title: VP ( ) Delete
Name: STRAW, KAREN
Address: P.O. BOX 15092
City-St-Zip: PLANTATION, FL 33317

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: HALE, DOROTHY
Address: P.O. BOX 15092
City-St-Zip: PLANTATION, FL 33318 US

Title: VP (X) Change ( ) Addition
Name: STRAW, KAREN
Address: P.O. BOX 15092
City-St-Zip: PLANTATION, FL 33318 US

Title: D ( ) Change (X) Addition
Name: STREET, DAN
Address: P.O. BOX 15092
City-St-Zip: PLANTATION, FL 33318 US

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: KAREN STRAW VP 02/03/2005
Electronic Signature of Signing Officer or Director Date