

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

03-21-2005 90117 003 ***150.00

DOCUMENT # P04000172266 1. Entity Name AFFIANCE, INC.																																																																																																																	
Principal Place of Business 4135 HEMLOCK LANE TITUSVILLE, FL 32780			Mailing Address 4135 HEMLOCK LANE TITUSVILLE, FL 32780																																																																																																														
2. Principal Place of Business 259 CHENEY HWY Suite, Apt. #, etc. UNIT 49		3. Mailing Address Suite, Apt. #, etc.																																																																																																															
City & State TITUSVILLE FLA		City & State		4. FEI Number 20-2073210																																																																																																													
Zip 32780		Country FLORIDA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required																																																																																																													
6. Name and Address of Current Registered Agent WOERNLEY, SUSAN H. 4135 HEMLOCK LANE TITUSVILLE, FL 32780				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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. SIGNATURE _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)																																																																																																																	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																																																																																																														
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">PRESIDENT</td> <td style="width: 20%; text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>SUSAN H. WOERNLEY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4135 HEMLOCK LANE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TITUSVILLE FLA 32780</td> <td></td> </tr> <tr> <td>TITLE</td> <td>SECRETARY</td> <td style="text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>HOWARD E. WOERNLEY III</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4135 HEMLOCK LANE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TITUSVILLE, FLA 32780</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;"></td> <td style="width: 20%; text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>						TITLE	PRESIDENT	☐ Delete	NAME	SUSAN H. WOERNLEY		STREET ADDRESS	4135 HEMLOCK LANE		CITY-ST-ZIP	TITUSVILLE FLA 32780		TITLE	SECRETARY	☐ Delete	NAME	HOWARD E. WOERNLEY III		STREET ADDRESS	4135 HEMLOCK LANE		CITY-ST-ZIP	TITUSVILLE, FLA 32780		TITLE		☐ Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		☐ Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		☐ Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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 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: Susan H. Woernley SUSAN H. WOERNLEY 3/17/05 321/383-8711 SIGNATURE AND TYPED OR PRINTED NAME OF SECOND OFFICER OR DIRECTOR Date Daytime Phone #																																																																																																																	

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