2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2006 8:00 am
Secretary of State
04-20-2006 90194 044 ***150.00

DOCUMENT # P05000067610

1. Entity Name
05/05/05, INC.

Principal Place of Business	Mailing Address
C/O JOHN C. SCHNEIDER, ESQ. 250 AUSTRALIAN AVE. S 1550 CLEARLAKE CENT WEST PALM BEACH, FL 33401	C/O JOHN C. SCHNEIDER, ESQ. 250 AUSTRALIAN AVE. S 1550 CLEARLAKE CENT WEST PALM BEACH, FL 33401

04052006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
	Same as # 2
Suite, Apt #, etc: The Montecito - Suite 801	Suite, Apt. #, etc.
City & State: 616 Clearwater Park Rd	City & State
Zip: WPB FL 33401 Country: US	Zip Country

4. FEI Number — ☑ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SCHNEIDER, JOHN C ESQ.
MOSHER & SCHNEIDER, P.A.
250 AUSTRALIAN AVE. S. 1550 CLEARLAKE CENT
WEST PALM BEACH, FL 33401

7. Name and Address of New Registered Agent

Name: John C. Schneider
Street Address: The Montecito - Suite 801
616 Clearwater Park Road
City: West Palm Beach, FL 33401
Zip Code
John C. Schneider, R.A.

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: John C. Schneider, R.A. — 5/15/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/T/S/D John C. Schneider 616 Clearwater Park Rd (# 801) W.P.B., FL 33401 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: John Schneider John Schneider — 4/17/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #