

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 24, 2005 8:00 am**  
**Secretary of State**

02-24-2005 90041 008 \*\*\*150.00

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02222005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P36720</b> 1. Entity Name <b>CHURCHILL'S CONFECTIONERY PLC CO.</b>					
Principal Place of Business <b>3232 S.W. 2ND AVENUE #114-115 FT. LAUDERDALE, FL 33315 US</b>			Mailing Address <b>3232 S.W. 2ND AVENUE #114-115 FT. LAUDERDALE, FL 33315 US</b>		
2. Principal Place of Business <b>950-B ELLER DRIVE</b> Suite, Apt. #, etc.			3. Mailing Address <b>P.O. Box 350274</b> Suite, Apt. #, etc.		
City & State <b>Fort Lauderdale, FL</b> <b>33316</b>		City & State <b>Fort Lauderdale, FL</b> <b>33335</b>		4. FEI Number <b>65-0303172</b>	
Country <b>US</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required.</b>	
6. Name and Address of Current Registered Agent  <b>EMO CORPORATE SERVICES, INC. 100 NORTHEAST THIRD AVE. SUITE 1100 FT. LAUDERDALE, FL 33301</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 <span style="float: right;">2/22/05</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC BODNITZ, ALLAN H. 114 FRANKLYN GARDENS UNITED KINGDOM.	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVC BODNITZ, JEANNETTE C. 114 FRANKLYN GARDENS UNITED KINGDOM.	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M SAUNDERS, SHERRY 6007 BAYVIEW DR FT. LAUDERDALE, FL 33308	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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: <b>SHERRY L. SAUNDERS</b> <span style="float: right;">2/22/05 904-764-8195</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					