


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P92000009416</b> 1. Entity Name NAVILLUS II, INC.	
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Principal Place of Business PO BOX 452 RAYMOND, ME 04071	Mailing Address PO BOX 452 RAYMOND, ME 04071
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**DO NOT WRITE IN THIS SPACE**



04222005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0381514	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
  
HORLICK, MICHAEL D  
1314 EAST VENICE AVENUE, SUITE D  
VENICE, FL 34292

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)  
Signature, typed or printed name of registered agent and title if applicable DATE

<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</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D VAN CAMPEN, KATHLEEN SULLIVAN 71 BEAR HILL ROAD MERRIMAC, MA 01860
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D COSTA, NANCY SULLIVAN 170 WARREN AVE PLYMOUTH, MA 02360
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SULLIVAN KINDLER, SHARON R 23 TURKEY HILLS ROAD SOUTH WESTPORT, CT 06880
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SULLIVAN, BRIAN E P.O. BOX 452 N/A RAYMOND, ME 04071
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SULLIVAN, SEAN PATRICK 53 LONGMEADOW FARM POMFRET CENTER, CT 06259
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SULLIVAN, MARK DAVID 508 AURORA STREET ITHACA, NY 14850

U00000360320  
05/05/05-80025-020 150.00

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IN THIS SPACE**

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: *Brian E Sullivan* **BRIAN E SULLIVAN** 4-29-05 207-655-4214  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #