## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P92000010502

FILED Apr 27, 2005 Secretary of State

Entity Name: METAPHYSICALLY SPEAKING ENTERPRISES, INC.

Current Principal Place of Bu	ısiness:	New Principal Place o	of Business:	
2012 HILLWOOD DRIVE CLEARWATER, FL 34623	US			
Current Mailing Address:		New Mailing Address	:	
2012 HILLWOOD DR CLEARWATER, FL 34623	US			
FEI Number: 59-3165375 FEI	Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
lame and Address of Current Registered Agent: Nan		Name and Address of	Name and Address of New Registered Agent:	
SARNA, SHIVAN				
SARASOTA, FL 34239 US  The above named entity submit	ts this statement for the pu	urpose of changing its registered	office or registered agent, or both,	
SARASOTA, FL 34239 US  The above named entity submit n the State of Florida.	ts this statement for the pເ	urpose of changing its registered	office or registered agent, or both,	
SARASOTA, FL 34239 US  The above named entity submit n the State of Florida.  SIGNATURE:	ts this statement for the pu		office or registered agent, or both,  Date	
SARASOTA, FL 34239 US  The above named entity submit n the State of Florida.  SIGNATURE:  Electronic Sig	nature of Registered Age			
SARASOTA, FL 34239 US The above named entity submit n the State of Florida.  SIGNATURE:  Electronic Sig  Election Campaign Financing Trust	nature of Registered Agel Fund Contribution ( ).	nt		
The above named entity submit n the State of Florida. SIGNATURE:	nature of Registered Agel Fund Contribution ( ).	nt  ADDITIONS/CHANGE	Date	

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: SHVAN S SARNA T 04/27/2005