


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 19, 2005 08:00 AM
Secretary of State

DOCUMENT # P93000026285
1. Entity Name
PRESIDENT INNOVATIONS, INC.



Principal Place of Business Mailing Address
2505 S. OCEAN BLVD. 2505 S. OCEAN BLVD.
PALM BEACH, FL 33480 PALM BEACH, FL 33480



DO NOT WRITE IN THIS SPACE

04272005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0406565	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

JANNIE LEE MARSH
6106 BLUE GRASS CIR
LAKE WORTH, FL 33463

**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) DATE _____

**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	
TITLE	D
NAME	MARSH, JANNIE L
STREET ADDRESS	6106 BLUEGRASS CIRCLE
CITY - ST - ZIP	LAKE WORTH, FL 33463
TITLE	D
NAME	RODRIGUEZ, MINERVA L
STREET ADDRESS	7443 SEABREEZE DR.
CITY - ST - ZIP	LAKE WORTH, FL 33467
STREET ADDRESS	
CITY - ST - ZIP	

U00000367574
05/19/05-80001-006 150.00

**DO NOT WRITE
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)(f), 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: Jannie L Marsh Date: 5/11/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #