



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000020998 1. Entity Name ESTATE BROKERS USA, INC.	
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Principal Place of Business 7611 FOUR PINES RD PLANT CITY, FL 33565 US	Mailing Address 7611 FOUR PINES RD PLANT CITY, FL 33565 US
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DO NOT WRITE IN THIS SPACE



04042005 No Chg-P CR2E034 (10/03)


4. FEI Number 59-3230187	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

EAKER, PAUL DAVID
 7611 FOUR PINES RD W.
 PLANT CITY, FL 33565

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 4-4-05

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


UD00000300683
 04/13/05-80001-020 158.75

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVTS EAKER, H. LEE 7611 FOUR PINES RD PLANT CITY, FL 33565
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UD00000300683
 04/13/05-80001-020 150.00

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:  H. LEE EAKER APRIL 4 2005 813 986 9141
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #