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Secretary of State
03-07-2005 90292 039 ***158.75

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000061891

1. Entity Name
FIELDTRIP CORPORATION

66009238

Principal Place of Business	Mailing Address
C/O WILLIAM HUGGETT 66 W. FLAGLER ST., SUITE 400 MIAMI, FL 33130 US	C/O WILLIAM HUGGETT 66 W. FLAGLER ST., SUITE 400 MIAMI, FL 33130 US

2. Principal Place of Business	3. Mailing Address
c/o Diana Kelly	c/o Diana Kelly
Suite, Apt. #, etc.: 2135 S. Congress Ave, #1C	Suite, Apt. #, etc.: 2135 S Congress Ave #1C
City & State: West Palm Beach, FL	City & State: West Palm Beach, FL
Zip: 33406 Country: USA	Zip: 33406 Country: USA

01062005 Chg-P CR2E034 (10/03)

4. FEI Number: 65-0513177 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HUGGETT, WILLIAM 66 W. FLAGLER STREET STE 400 MIAMI, FL 33130	Name: Diana Kelly Street Address (P.O. Box Number is Not Acceptable): 2135 S. Congress Ave, Ste 1C City: West Palm Beach FL Zip Code: 33406

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: Diana L. Kelly - Diana L Kelly 4-3-05
Signature, typed or printed name of registered agent and title if applicable. (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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HUGGETT, WILLIAM 66 W FLAGLER ST., STE. 400 MIAMI, FL 33130	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Diana Kelly 2135 S. Congress Ave, Ste 1C West Palm Beach, FL 33406	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Diana L Kelly 2-24-05 561-502-1084
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #