May.26. 2005 9:25AM

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May 31, 2005 8:00 am
Secretary of State
04-29-2005 90256 040 ****50.00
05-31-2005 90002 019 ***100.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000062245

1. Entity Name
2495 MCCALL ROAD CORP.

Principal Place of Business	Mailing Address
2495 MCCALL RD ENGLEWOOD, FL 34224	P.O BOX 868 OSPREY, FL 34229 US

50053132

03032005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	P.O. Box 49586 Suite, Apt. #, etc.
City & State	City & State: Sarasota Florida
Zip / Country	Zip: 34230 Country: USA.

4. FEI Number: 65-0531422 ☐ 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
KAPLAN, MARVIN 7697 COVE TERRACE SARASOTA, FL 34231	Name: Marvin Kaplan Street Address (P.O. Box Number is Not Acceptable): 50 Central Ave. Unit 108. City: Sarasota FL Zip Code: 34236

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: _____ DATE
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when changing)

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	P KAPLAN, MARVIN 7697 COVE TERRACE SARASOTA, FL 34231	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Marvin Kaplan P.O. Box 49586 Sarasota, Fl. 34230 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MILLARD, KEVIN 8317 EAGLE LAKE DRIVE SARASOTA, FL 34241	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T CABRAL SHAWN 4444 CENTER GATE BLVD. SARASOTA, FL 34233	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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: _____ Marvin Kaplan 3/16/05 941-587-9000
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #