2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 30, 2005 08:00 AM Secretary of State **DOCUMENT # P94000088819** 1. Entity Name ERSKINE ENTERPRISES, INC. Principal Place of Business Mailing Address **383 STILL FOREST TERR** 383 STILL FOREST TERR SANFORD, FL 32771 SANFORD, FL 32771 CR2E034 (10/03) No Chg-P 04252005 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3285508 Not Applicable \$8.75 Additional 5. Certificate of Status Desired ್ ಆಗ್ಲೀಕಾಗಳನ್ನು ಕ್ರಹಕ್ಷ್ ಮೊಬ್ಬರ್ ಬ್ಯಾಕ್ ಪ್ರಕ್ಷಾಗಿ ಸಂಪೂರ್ S. Japan Fee Required 6. Name and Address of Current Registered Agent HIGGINS, JAMES J DO NOT WRITE 383 STILL FOREST TERRACE SANFORD, FL 32771 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, typed or printed name of registered agent and title if applicable. "(NOTE: Ragistered 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 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. TILE HN0000345855 HIGGINS, FRANCINE P. NAME (14/30/05-80052-015 150.00 382 STILL FOREST TERR STREET ADDRESS CITY-ST-ZIP SANFORD, FL 32771 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CUTY - ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY - ST- ZIP TIBLE NAME STREET ADDRESS CITY - ST - ZIP 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.

FILED

321-377-1667