


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90192 008 ***150.00

DOCUMENT # P95000000329


1. Entity Name
DOWNEAST SUPPORT SYSTEMS, INC.



Principal Place of Business Mailing Address
2580 LONGBOAT WAY **P.O. BOX 1893**
PALM CITY, FL 34990 US **PALM CITY, FL 34990 US**

2. Principal Place of Business 3. Mailing Address
3389 SW WOOD CREEK TRAIL
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
PALM CITY, FL
 Zip Country Zip Country
34990 **USA**



02092005 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
65-0548625 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
BRYAN, DEAN
3389 S.W. WOOD CREEK TRAIL
PALM CITY, FL 34990

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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**

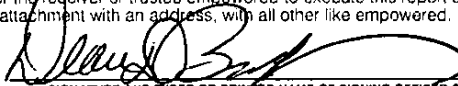
10. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	BRYAN, DEAN
STREET ADDRESS	2580 LOGBOAT WAY
CITY-ST-ZIP	PALM CITY, FL 34990
TITLE	D <input type="checkbox"/> Delete
NAME	SPUGNARDI, DENISE
STREET ADDRESS	3389 S.W. WOOD CREEK TRAIL
CITY-ST-ZIP	PALM CITY, FL 34990
TITLE	D <input type="checkbox"/> Delete
NAME	PHOEBUS, KRISTEN
STREET ADDRESS	3994 S.W. SOLITAIRE PALM DR.
CITY-ST-ZIP	PALM CITY, FL 34990
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	3389 SW WOOD CREEK TRAIL
CITY-ST-ZIP	PALM CITY, FL 34990
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE:  **2/22/05**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #