2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 24, 2005 08:00 AM **Secretary of State** DOC MENT # P95000019786 1. Entity Name AFFÁBLE, INC. Principal Place of Business Mailing Address 4460 LEGENDARY DRIVE #+100 4460 LEGENDARY DRIVE #+100 DESTIN, FL 32541 DESTIN, FL 32541 01042005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3318298 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RIGGS, STEPHEN C DO NOT WRITE 4460 LEGENDARY DRIVE #+100 DESTIN, FL 32541 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) U00000190238 **\$5.00** May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 01/24/05-80125-013 150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE RIGGS, STEPHEN C NAME 4460 LEGENDARY DRIVE STE 100 STREET ADDRESS CITY-ST-ZIP DESTIN, FL 32541 NAME STREET ADDRESS CITY+ST-7IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 ampowered 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:

NAME STREET ADDRESS CITY-ST-ZIP

> OFFICER OR DIRECTOR YPED OR PRINTED NAME OF