

2005 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVED
AND
FILED

05 MAR 23 AM 9:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03162005 Chg-P CR2E034 (10/03) *M.P.S*

DOCUMENT # P95000063420					
1. Entity Name INVESTMENTS, HOBBIES & COMMODITIES CORPORATION					
Principal Place of Business 4839 S.W. 148TH AVENUE SUITE 413 DAVIE, FL 33330			Mailing Address 4839 S.W. 148TH AVENUE SUITE 413 DAVIE, FL 33330		
2. Principal Place of Business <i>40 CLEARVIEW CT. NO</i>		3. Mailing Address <i>40 CLEARVIEW CT. NO.</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <i>PALM COAST, FLA</i>		City & State <i>PALM COAST, FLA</i>		4. FEI Number 65-0616989	
Zip <i>32137</i>		Country <i>FLAGLER</i>		Applied For Not Applicable	
Zip <i>32137</i>		Country <i>FLAGLER</i>		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COWART, GARY 4839 SW 148TH AVE #413 DAVIE, FL 33330			7. Name and Address of New Registered Agent Name <i>DANA A. NYBORG</i> Street Address (P.O. Box Number is Not Acceptable) <i>40 CLEARVIEW COURT NORTH</i> City <i>PALM COAST</i> FL Zip Code <i>32137</i>		
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 <i>Dana A. Nyborg (D.)</i>		SIGNATURE <i>DANA A. NYBORG</i>		DATE <i>3-18-05</i>	
Signature, typed or printed name of registered agent and title, applicable.		(NOTE: Registered Agent signature required when refileting)		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 COWART, GARY 4839 S.W. 148TH AVENUE, #413 DAVIE, FL 33330	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DANA A. NYBORG 40 CLEARVIEW COURT NORTH PALM COAST, FLA. 32137	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Dana A. Nyborg (D.)</i>		SIGNATURE <i>DANA A. NYBORG</i>		DATE <i>3-18-05</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	