

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000097290

FILED  
Apr 25, 2005  
Secretary of State

Entity Name: HASSLER CONSORTIUM, INC.

## Current Principal Place of Business:

4500 OAK CIR.  
#B-9  
BOCA RATON, FL 33431 US

## New Principal Place of Business:

## Current Mailing Address:

C/O CDS INTERNATIONAL HOLDINGS, INC.  
95 NE 4TH AVE  
DELRAY BEACH, FL 33483 US

## New Mailing Address:

FEI Number: 65-0635255      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CDS INTERNATIONAL HOLDINGS, INC  
95 NE 4TH AVE  
DELRAY BEACH, FL 33483 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete  
Name: POVEDANO, KIMBERLY K PRES  
Address: 95 NE 4TH AVE  
City-St-Zip: DELRAY BEACH, FL 33483

Title: TREA ( ) Delete  
Name: MILMOE, WILLIAM H TREAS  
Address: 95 NE 4TH AVE  
City-St-Zip: DELRAY BEACH, FL 33483

Title: SEC ( ) Delete  
Name: VERMILYEA, KAREN SEC  
Address: 95 NE 4TH AVE  
City-St-Zip: DELRAY BEACH, FL 33483

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KIMBERLY K POVEDANO

PRES

04/25/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date