

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P96000013240

Entity Name: ANEROS ENTERPRISES, INC.

FILED
Apr 27, 2005
Secretary of State

Current Principal Place of Business:

9073 LONG LAKE PALMS
BOCA RATON, FL 33496

New Principal Place of Business:

18262 DAYBREAK DR
BOCA RATON, FL 33496

Current Mailing Address:

9073 LONG LAKE PALMS
BOCA RATON, FL 33496

New Mailing Address:

18262 DAYBREAK DR
BOCA RATON, FL 33496

FEI Number: 65-0647433

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANTONELLI, JOANNE
9073 LONG LAKE PALM DR.
BOCA RATON, FL 33496 US

Name and Address of New Registered Agent:

ANTONELLI, JOANNE
18262 DAYBREAK DR
BOCA RATON, FL 33496 US

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: JOANN ANTONELLI

04/27/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ANTONELLI, JOANN
Address: 9073 LONG LAKE PALMS
City-St-Zip: BOCA RATON, FL 33496

Title: VD () Delete
Name: SORENA, ANDREA
Address: 9073 LONG LAKE PALMS
City-St-Zip: BOCA RATON, FL 33496

Title: SD () Delete
Name: SORENA, CHARISSE
Address: 9073 LONG LAKE PALMS
City-St-Zip: BOCA RATON, FL 33496

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ANTONELLI, JOANN
Address: 18262 DAYBREAK DR.
City-St-Zip: BOCA RATON, FL 33496

Title: VD (X) Change () Addition
Name: SORENA, ANDREA
Address: 18262 DAYBREAK DR
City-St-Zip: BOCA RATON, FL 33496

Title: SD (X) Change () Addition
Name: SORENA, CHARISSE
Address: 18262 DAYBREAK DR
City-St-Zip: BOCA RATON, FL 33496

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: JOANN ANTONELLI

PRES

04/27/2005

Electronic Signature of Signing Officer or Director

Date