2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2005
Secretary of State

DOCUMENT# P96000023696

Entity Name: REFLECTIONS INC.

Current Principal Place of Business:

888 WINDTREE WAY
WELLINGTON, FL 33414

New Principal Place of Business:

9440 E BAYMEADOWS DR.
INVERNESS, FL 34450

Current Mailing Address:

888 WINDTREE WAY
WELLINGTON, FL 33414

New Mailing Address:

9440 E BAYMEADOWS DR.
INVERNESS, FL 34450

FEI Number: 65-0644918 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FESTA, PAUL
888 WINDTREE WAY
WELLINGTON, FL 33414 US

Name and Address of New Registered Agent:

FESTA, PAUL
9440 E BAYMEADOWS DR.
INVERNESS, FL 34450 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: PAUL FESTA 05/09/2005
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: D ( ) Delete
Name: FESTA, PAUL
Address: 888 WINDTREE WAY
City-St-Zip: WELLINGTON, FL 33414

Title: D ( ) Delete
Name: FESTA, ANNA
Address: 888 WINDTREE WAY
City-St-Zip: WELLINGTON, FL 33414

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: FESTA, PAUL
Address: 9440 E BAYEADOWS DR.L
City-St-Zip: INVERNESS, FL 34450

Title: D (X) Change ( ) Addition
Name: FESTA, ANNA
Address: 9440 E BAYMEADOWS DR.
City-St-Zip: INVERNESS, FL 34450

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: PAUL FESTA D 05/09/2005
Electronic Signature of Signing Officer or Director Date