

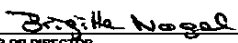


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90058 009 ***150.00

DOCUMENT # P96000031406 1. Entity Name PLAZA DOMINION, INC.					
Principal Place of Business 885 S E 47TH TERRACE SUITE A CAPE CORAL, FL 33904 US			Mailing Address 885 S E 47TH TERRACE SUITE A CAPE CORAL, FL 33904 US		
2. Principal Place of Business 3724 DEL PRADO BLVD		3. Mailing Address 3724 DEL PRADO BLVD			
Suite, Apt. #, etc. 6		Suite, Apt. #, etc. 6			
City & State Cape Coral FL		City & State Cape Coral FL		4. FEI Number 65-0662282	
Zip 33904-7173		Country LEE		Applied For <input type="checkbox"/> Not Applicable	
Zip 33904-7173		Country LEE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NAGEL, WERNER 885 S E 47TH TERRACE CAPE CORAL, FL 33904			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
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 _____ DATE FEB 16 2005 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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 VP	NAME WERNER, NAGEL		TITLE VP	NAME BRIGITTE NAGEL	
STREET ADDRESS 885 S E 47TH TERRACE	CITY-ST-ZIP CAPE CORAL, FL 33904		STREET ADDRESS 3724 DEL PRADO BLVD #6	CITY-ST-ZIP Cape Coral FL 33904-7173	
TITLE P	NAME NAGEL, TAREK		TITLE _____	NAME _____	
STREET ADDRESS 1220 SE 40TH STREET	CITY-ST-ZIP CAPE CORAL, FL 33904		STREET ADDRESS _____	CITY-ST-ZIP _____	
TITLE _____	NAME _____		TITLE _____	NAME _____	
STREET ADDRESS _____	CITY-ST-ZIP _____		STREET ADDRESS _____	CITY-ST-ZIP _____	
TITLE _____	NAME _____		TITLE _____	NAME _____	
STREET ADDRESS _____	CITY-ST-ZIP _____		STREET ADDRESS _____	CITY-ST-ZIP _____	
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: 			SIGNATURE: 		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DATE FEB 16 2005 DAYTIME PHONE # 239-541-2880		