2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2005 8:00 am
Secretary of State
03-08-2005 90165 043 ***150.00

DOCUMENT # P96000047063

1. Entity Name
THIRD STREET EAST CORP.

Principal Place of Business	Mailing Address
C/O MR. MARCEL RUTISHAUSER 6536 6TH AVENUE NORTH ST. PETERSBURG, FL 33710	C/O MR. MARCEL RUTISHAUSER 6536 6TH AVENUE NORTH ST. PETERSBURG, FL 33710

01142005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3383092 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RUTISHAUSER, MARCEL 6536 6TH AVENUE NORTH ST. PETERSBURG, FL 33710	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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when changing) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 OEHMS, PETER ZIEGELHUETTENWEG 32 D-60598 FRANKFURT GERMANY.	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT OEHMS, PETER 11340 7th. STREET EAST TREASURE ISLAND, FL. 33706
		☐ Delete		VICE-PRESIDENT OEHMS CAROLIN 11340 7th. STREET East TREASURE ISLAND, FL. 33706
		☐ Delete		TREASURER RUTISHAUSER MARCEL 6536 6th. AVE. NORTH ST. PETERSBURG, FL. 33710
		☐ Delete		
		☐ Delete		
		☐ Delete		

☐ Change ☒ 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: Peter Oehms 02-02-2005 727/347-7635
SIGNATURE AND TYPED OR PRINTED NAME OF ELECTED OFFICER OR DIRECTOR Date Daytime Phone #