2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED DOCUMENT # P96000055157 Feb 21, 2005 08:00 AM Secretary of State 1. Entity Name TENDRICH INVESTMENTS CORP. Principal Place of Business Mailing Address 1402 DEVONSHIRE WAY 1402 DEVONSHIRE WAY PALM BEACH GARDENS FL 33418 PALM BEACH GARDENS FL 33418 2. Principal Place of Business ___ 3. Mailing Address Suite, Apt. #, etc. Suite, Apt, #, etc. 1st MOORE CR2E034 (10/04) City & State 4. FEI Number City & State Applied For 65-0694714 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name STEVEN TENDRICH Street Address (P.O. Box Number is Not Acceptable) 1601 BELVEDERE RD SUITE 407 WEST PALM BEACH FL 33406 Zip Code FL 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. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO DESCENS AND DIRECTORS IN 11 11. MLE 112/21/05-80079-009□1999900 □ Addition Delete DILLE NAME TENDRICH, SAM A NAME STREET ADDRESS 1402 DEVONSHIRE WAY #1402 STREET ADDRESS CITY-ST-7IP PALM BEACH GARDENS FL 33418 CITY-ST- 7iP TITLE ☐ Delete HILE ☐ Change ☐ Addition NAME WAYNER, ARLYNE R NAME STREET ADDRESS 4601 PONCE DE LEON SUITE 310 STREET ADDRESS CORAL GABLES FL 33146 CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP C11Y-S1-71P TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP TITLE Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST ZIP CITY-S1-7IP 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.