2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Apr 15, 2005 8:00 am Secretary of State DOCUMENT # P96000055767 1. Entity Name 04-15-2005 90107 014 ***150.00 KORAIDO ASSOCIATES, INC. Principal Place of Business Mailing Address 4414 WEY BRIDGE 4414 WEY BRIDGE SARASOTA FL 34235 SARASOTA FL 34235 3. Mailing Address 4700 GREENCROP Suite, Apt. #, etc. 2. Principal Place of Business 4700 GREENC CR2E034 (10/04) Applied For City & State City & State 4. FEI Number 65-0677078 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired ARASOTA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (F.O. Box Number is Not Acceptable) KORAIDO, GERALD 4414 WEYBRIDGE SARASOTA FL 34235 4700 GREENCROFT 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 4-2.05. DATE SIGNATURE (NOTE Registered Agent signature required when reinstating) 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. MANNY R. KORAIDO HTOO GREENCROFT ROAL STANASOTA FL 34235 TITLE TITLE Delete KORAIDO, GERALD NAME NAME STREET ADDRESS 4414 WEYBRIDGE STREET ADDRESS SARASOTA FL 34235 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete KORAIDO, NANCY R NAME NAME 4700 GREEN CROFT ROAD STREET ADDRESS STREET ADDRESS 4414 WEYBRIDGE SARASOTA FL 34235 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delet ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TIFLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

FILED

NANCY R. KORAISO 4-205 941-341-0340
RECTOR Date Dayme Phone #