2005 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P96000062403

1. Entity Name EDEEMED TREASURES, INC.



FILED Apr 16, 2005 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

137 TURNBERRY DRIVE ATLANTIS, FL 33462 137 TURNBERRY DRIVE ATLANTIS, FL 33462



03282005

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-0688835

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHALKER, FREDERICK E 137 TURNBERRY DRIVE ATLANTIS, FL 33462

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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 Sgnature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		Election Campaign Financi Trust Fund Contribution	ng 🔲	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHALKER, FREDERICK E 137 TURNBERRY DRIVE ATLANTIS, FL 33462	-			H00000310122 44/16/05-80064-017 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CHALKER, BRIAN 1975 RICHARD LANE _ WEST PALM BEACH, FL 33406				/4/15///5-8UUB4-U1/ 15U.UU	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	· · · · · · · · · · · · · · · · · · ·		DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		9				
TITLE NAME						

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 the empowered FREDERICK E CHALKER

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/05

561-533-0678

Daytime Phone #