


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2005 8:00 am**  
**Secretary of State**

04-07-2005 90023 034 \*\*\*150.00

<b>DOCUMENT # P96000066343</b>	
1. Entity Name FELE REVIEW, INC.	

Principal Place of Business 5767 SUN POINTE CIRCLE BOYNTON BEACH, FL 33437	Mailing Address 5767 SUN POINTE CIRCLE BOYNTON BEACH, FL 33437
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**DO NOT WRITE IN THIS SPACE**



03132005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0687131	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  BUCHANAN, THOMAS W 7600 LAUDEN DRIVE LAKE WORTH, FL 33467 <i>7518 PRESERVES CT SARASOTA FL 34243</i>
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IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BINNS, ANDREW C 5767 SUN POINTE CIRCLE BOYNTON BEACH, FL 33437
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BUCHANAN, THOMAS W 7600 LAUDEN DRIVE LAKE WORTH, FL 33467 <i>7518 PRESERVES CT SARASOTA FL 34243</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BUCHANAN, PAMELA G 7600 LAUDEN DRIVE LAKE WORTH, FL 33467 <i>7518 PRESERVES CT SARASOTA FL 34243</i>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: <i>Andrew C Binns</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<i>4/1/05</i> Date	<i>561 352 1832</i> Daytime Phone #
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