

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P96000073157

1. Entity Name
GREAT AMERICAN BYTE REGISTRY, INC.



**FILED
Apr 13, 2005 8:00 am
Secretary of State**

04-13-2005 90048 025 ***150.00

Principal Place of Business
8618 NW 83 STREET
TAMARAC, FL 33321

Mailing Address
8618 NW 83 STREET
TAMARAC, FL 33321

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

4. FEI Number
65-0794921

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARSHALL, STANLEY I
8618 NW 83RD ST
TAMARAC, FL 33321

7. Name and Address of New Registered Agent

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 reinstating)

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 D Delete
NAME MARSHALL, STANLEY I
STREET ADDRESS 202 BRIARWOOD CIRCLE
CITY-ST-ZIP HOLLYWOOD, FL 33024

TITLE Change Addition
NAME MARSHALL, STANLEY I
STREET ADDRESS 8618 NW 83rd Street
CITY-ST-ZIP TAMARAC, FL 33321

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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TITLE Change Addition
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CITY-ST-ZIP

TITLE Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/05 (854) 270-3150
Date Daytime Phone #