2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## FILED Mar 17, 2005 08:00 AM Secretary of State DOCUMENT # P96000093046 1. Entity Name OLYMPUS STREET, INC. Principal Place of Business Mailing Address P.O. BOX 744 HOBE SOUND FL 33475 9307 SE OLYMPUS ST HOBE SOUND FL 33455 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 65-0709311 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 SPURGEON, KATHARINE F 9307 SE OLYMPUS ST Street Address (P.O. Box Number is Not Acceptable) HOBE SOUND FL 33455 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 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 OFFICERS AND DIRECTORS IN 11 11. TITLE Delete THEE Change Addition SPURGEON, JAMES R NAME NAME STREET ADDRESS 12 NORTH BEACH ROAD STREET ADDRESS CITY-ST-ZIP HOBE SOUND FL 33455 CHY-ST-ZIP THLE ☐ Delete DILE Change ☐ Addition SPURGEON, KATHARINE F NAME STREET ADDRESS 12 NORTH BEACH ROAD STRELL ADDRESS CITY ST-ZIP HOBE SOUND FL 33455 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition | U00000266820 03/17/05-80045-013 150.00 NAME STREET ADDRESS STREET ADDRESS CiTY+S1-ZiP CITY-ST-7P TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete THE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST ZIP Delete TITLE ☐ Addition 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.

9. Spurgen Katharine F. Spurgeon 3/12/05 772 546 7555