2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005
Secretary of State

DOCUMENT# P96000094642

Entity Name: AMELIAPLEX, INC.

Current Principal Place of Business:

1103 EAST AMELIA STREET
ORLANDO, FL 32803

New Principal Place of Business:

Current Mailing Address:

1103 EAST AMELIA STREET
ORLANDO, FL 32803

New Mailing Address:

FEI Number: 59-3411044 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TORRICO, RAFAEL JR
1103 EAST AMELIA STREET
ORLANDO, FL 32803 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	STD	( ) Delete
Name:	TORRICO, RAFAEL JR	
Address:	1103 EAST AMELIA STREET	
City-St-Zip:	ORLANDO, FL 32803	
Title:	PD	( ) Delete
Name:	TORRICO, SUSAN	
Address:	1103 EAST AMELIA STREET	
City-St-Zip:	ORLANDO, FL 32803	
Title:	VD	( ) Delete
Name:	BRUNNER, PATRICK	
Address:	26270 MONDON HILL RD	
City-St-Zip:	BROOKSVILLE, FL 34601	
Title:	VD	( ) Delete
Name:	GOODRICH, DAVID B	
Address:	565 FIFTH AVE SE	
City-St-Zip:	LARGO, FL 33771	
Title:	VD	( ) Delete
Name:	BULLOCK, WILBUR	
Address:	9211 N CHELSEA DR	
City-St-Zip:	PLANTATION, FL 33324	
Title:	CEO	( ) Delete
Name:	SILVERBERG, MARK B	
Address:	607 S SWEETWATER COVE BLVD	
City-St-Zip:	LONGWOOD, FL 327793340	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	CD	(X) Change ( ) Addition
Name:	SILVERBERG, MARK B	
Address:	607 S SWEETWATER COVE BLVD	
City-St-Zip:	LONGWOOD, FL 327793340	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN TORRICO PD 04/14/2005

Electronic Signature of Signing Officer or Director — Date