2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State
04-18-2005 90581 037 ***150.00

DOCUMENT # P96000097244

1. Entity Name
ASSEMBLER ENTERPRISES, INC.

Principal Place of Business	Mailing Address
9873 LAWRENCE RD C 104 BOYNTON BEACH, FL 33436	5?9873 LAWRENCE RD C 104 BOYNTON BEACH, FL 33436

04112005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
226 NE 3RD ST	123 N. Congress Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc. #257
City & State: Boynton Bch FL	City & State: Boynton Bch FL
Zip: 33426 Country: USA Palm Bch	Zip: 33426 Country: USA

4. FEI Number: 65-0714122 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MCCORD, LINUEL D
1100 NW 17TH AVE
BOCA RATON, FL 33486

7. Name and Address of New Registered Agent

Name: McCord, Linuel D
Street Address (P.O. Box Number is Not Acceptable): 123 N. Congress Ave #257
City: Boynton Bch FL Zip Code: 33426

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: Linuel D McCord / Pres [signature] / pres 4-14-05
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	PCEO	☒ Delete	TITLE	PCEO	☒ Change ☐ Addition
NAME	MCCORD, LINUEL D		NAME	McCord, Linuel D	
STREET ADDRESS	9873 LAWRANCE RD		STREET ADDRESS	123 N. Congress Ave #257	
CITY-ST-ZIP	BOYNTON BEACH, FL 33436		CITY-ST-ZIP	Boynton Bch FL 33426	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ 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.

SIGNATURE: [signature] / pres Linuel D McCord / Pres 4-14-05 561-620-7908
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #