

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Apr 21, 2005 8:00 am
Secretary of State**

04-21-2005 90260 032 ***150.00

DOCUMENT # P97000057599		
1. Entity Name GENERAL ECLECTIC OF CENTRAL FLORIDA, INC.		

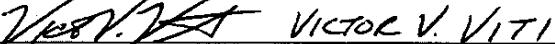
Principal Place of Business 687 W. LAKESHORE DR CLERMONT, FL 34711	Mailing Address 687 W. LAKESHORE DR CLERMONT, FL 34711
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2. Principal Place of Business 151 N. ORLANDO AVE Suite, Apt. #, etc. # 220	3. Mailing Address 151 N. ORLANDO AVE. Suite, Apt. #, etc. # 220
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City & State WINTER PARK, FL	City & State WINTER PARK, FL
Zip 32789	Country U.S.A.
Zip 32789	Country U.S.A.

6. Name and Address of Current Registered Agent VITI, VICTOR V 687 W. LAKE SHORE DR CLERMONT, FL 34711	7. Name and Address of New Registered Agent Name VITI, VICTOR V Street Address (P.O. Box Number is Not Acceptable) 151 N. ORLANDO AVE. #220 City WINTER PARK Zip Code 32789
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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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VITI, VICTOR V 687 W. LAKE SHORE AVE. CLERMONT, FL 34711	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VITI, VICTOR V 151 N. ORLANDO AVE. # 220 WINTER PARK, FL 32789	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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) Date 4/15/04 Daytime Phone # 407 628 8658