2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2005
Secretary of State

DOCUMENT# P97000065897

Entity Name: ILLUSIONS OF BONITA, INC.

Current Principal Place of Business:

28441 SOUTH TAMIAMI TRAIL
UNIT 101
BONITA SPRINGS, FL 34134

New Principal Place of Business:

Current Mailing Address:

28441 SOUTH TAMIAMI TRAIL
UNIT 101
BONITA SPRINGS, FL 34134

New Mailing Address:

FEI Number: 59-3460162 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

SCOTT D. HENNELLS
9420 BONITA BEACH RD
200
BONITA SPRINGS, FL, FL 34135 US

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: SCOTT D. HENNELLS 04/06/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete
Name: MAXWELL, PAULA A
Address: 28441 S TAMIAMI TRAIL, UNIT 101
City-St-Zip: BONITA SPRINGS, FL 34134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: PAULA A. MAXWELL PRES 04/06/2005
Electronic Signature of Signing Officer or Director Date