## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P97000068961

FILED Jul 28, 2005 Secretary of State

Entity Name: LUMARC, INC.					
Current Principal Place of Business:			New Princ	ipal Place of Business:	
	ES BLVD., #29 E PINES, FL				
Current Mailing Address:			New Maili	New Mailing Address:	
	ES BLVD., #29 Œ PINES, FL				
FEI Number:	65-0773669	FEI Number Applied For()	FEI Number Not Appl	icable ( ) Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
	41 AVE. Œ PINES, FL				
The above in the State		submits this statement for the pu	rpose of changing it	ts registered office or registered agent, or both,	
SIGNATUR	RE:				
	Electro	nic Signature of Registered Ager	t	Date	
		3(2)(b), F.S., the corporation did not g Trust Fund Contribution ( ).	receive the prior notic	е.	
OFFICERS	S AND DIREC	TORS:	ADDITION	S/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PISO, MARCEI 1804 NW 141		Title: Name: Address: City-St-Zip:	S/T (X) Change ( ) Addition PISO, MARCELLO D 11401 PINES BLVD, SUITE 252 PEMBROKE PINES, FL 33026	
Title: Name: Address: City-St-Zip:	(	) Delete	Title: Name: Address: City-St-Zip:	VP ( ) Change (X) Addition EDELMAN, WILLIAM P 11401 PINES BLVD, SUITE 252 PEMBROKE PINES, FL 33026	
Title: Name: Address: City-St-Zip:	(	) Delete	Title: Name: Address: City-St-Zip:	P ( ) Change (X) Addition PISO, DOMENIC A 11401 PINES BLVD, SUITE 252 PEMBROKE PINES, FL 33026	
Title: Name: Address: City-St-Zip:	(	) Delete	Title: Name: Address: City-St-Zip:	BOD ( ) Change (X) Addition BILARDELLO, CRISTINA 11401 PINES BLVD, SUITE 252 PEMBROKE PINES, FL 33026	
Title: Name: Address: City-St-Zip:	(	) Delete	Title: Name: Address: City-St-Zip:	BOD ( ) Change (X) Addition CLEMENTS, DANIEL 11401 PINES BLVD, SUITE 252 PEMBROKE PINES, FL 33026	

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: MARCELLO D. PISO S/T 07/28/2005