## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P97000075500

FILED Jan 03, 2005 Secretary of State

Entity Name: FORMAL # 1, INC.				
Current Principal Place of Business:		New Principal Place of Business:		
690 S STATE RD 7 MARGATE, FL 33068	US	10891 NW 6TH CORAL SPRIN	H STREET NGS, FL 33068	US
Current Mailing Address:		New Mailing Address:		
690 S STATE RD 7 MARGATE, FL 33068	US	10891 NW 6TH CORAL SPRIN	H STREET NGS, FL 33068	US
FEI Number: 65-0777638	FEI Number Applied For ( ) FEI Num	nber Not Applicab	ole ( ) Certific	cate of Status Desired ( )
Name and Address of C	Name and Ad	Idress of New Re	gistered Agent:	
NILSSON, JAMES L 690 S STATE RD 7 MARGATE, FL 33068	US	10891 NW 6TH	Y, DAVID L PRESI H STREET NGS, FL 33068	DE 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: DAVID L. I	MCILMURRAY			01/03/2005
Electroni	ic Signature of Registered Agent			Date
Election Campaign Financing Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Name: NILSSON, JAME Address: 690 S STATE RI City-St-Zip: MARGATE, FL 3	D 7	Address: 10 City-St-Zip: CC  Title: P Name: MC Address: 10	CILMURRAY, DAVID I 0891 NW 6TH STREE ORAL SPRINGS, FL	T 33068 US (X) Addition _ PRESIDE T
Title: ( ) Name: Address: City-St-Zip:	Delete	Address: 10	( ) Change CILMURRAY, DAVID I 0891 NW 6TH STREE ORAL SPRINGS, FL (	Γ
Title: ( ) Name: Address: City-St-Zip:	Delete	Name: MC Address: 10	ECR () Change CILMURRAY, DAVID I 0891 NW 6TH STREE ORAL SPRINGS, FL (	Γ

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: DAVID L. MCILMURRAY PRES 01/03/2005