2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 13, 2005 08:00 AM

Daytime Phone #

1. Entity Nan PANDOR	RA'S INC.	· · · · · · · · · · · · · · · · · · ·			Secre	tary of State
Principal Place 4414 MOHN VALRICO, FL	CAN TRAIL	Aailing Address 4414 MOHICAN TRAIL VALRICO, FL 33594				
\$1.000 B	OO NOT WRITE I	The state of the s	Section of the Control of the Contro	01032005 N		E034 (10/03)
to make the second				4. FEI Number 59-347953	6	Applied For Not Applicable
	6. Name and Address of Current Regi	stered Agent		5. Certificate of St	atus Desired	\$8.75 Additional Fee Required
WEST-MOFFIT, PANDORA 4414 MOHICAN TRAIL VALRICO, FL 33594					OT WRIT	44.4
				ararira a Sig	IS SPAC	
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						
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.		00 May Be d to Fees		
10. TITLE	OFFICERS AND DIRE	CTORS	1			
NAME STREET ADDRESS CITY-ST-ZIP	WEST-MOFFITT, PANDORA 4414 MOHICAN TRAIL VALRICO, FL 33594		,			200
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOFFITT, GLENN 4414 MOHICAN TRAIL VALRICO, FL 33594				11/13/05-800	04-016 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO N	OT WRIT	É
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			manya magangana Til Manganagan in	open interest in the second se		
12. I hereby of indicated of the corphanged,	certify that the information supplied with this for this report or supplemental report is true a poration of the receiver or trustee empowere or on an attachment with an address, with all	and accurate and that my signat d to execute this report as requir Il other like empowered	ure shall have the sa red by Chapter 607,	ame legal effect as if Florida Statutes, and	made under oath; that I that my name appear	I am an officer or director s in Block 10 or Block 11 if
SIGNATURE: JULY OF GLENN MOFFITT JAN 10, 2005 813-694-5699 SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIFFECTOR Dave Disymme Phone #						