2005 FOR PROFIT CORPORATION
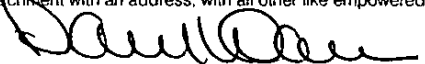## AMENDED ANNUAL REPORT

DOCUMENT # P97000087071

1. Entity Name
STATE EXTRADITIONS, INC.

FILED

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SECRE... ...
TALLAHASS... FLORIDA

Principal Place of Business	Mailing Address
5634 EDGEWATER DR ~~ORLANDO, FL 32810~~	P.O. BOX 520220 LONGWOOD, FL 32752

05172005   Chg-P   CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
160 W. Evergreen Ave	
Suite, Apt. #, etc. Suite 210	Suite, Apt. #, etc.
City & State Longwood, FL	City & State
Zip 32750 Country USA	Zip Country

4. FEI Number **59-3500090** □ Applied For □ Not Applicable

5. Certificate of Status Desired □ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WARREN, DAWN 5634 EDGEWATER DR ORLANDO, FL 32810	Name Dawn Warren Street Address ~~...~~ 160 W. EVERGREEN AVE. # 210 City Longwood FL 32750

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 5-16-05

Amended AR is $61.25

9. Election Campaign Financing Trust Fund Contribution. □   **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS   **11.** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PST	□ Delete	TITLE		□ Change □ Addition
NAME	WARREN, DAWN		NAME		
STREET ADDRESS	~~320 RAVEN ROCK LANE~~ 160 W. EVERGREEN AVE		STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD, FL 32750		CITY-ST-ZIP		

TITLE	V	□ Delete	TITLE		□ Change □ Addition
NAME	WARREN, DENNIS		NAME		
STREET ADDRESS	~~320 RAVEN ROCK LANE~~ 160 W. EVERGREEN AVE		STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD, FL 32750		CITY-ST-ZIP		

TITLE		□ Delete	TITLE	0000590017800	□ Change □ Addition
NAME			NAME	08/26/05--01042--014 **61.25	
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

TITLE		□ Delete	TITLE		□ Change □ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

TITLE		□ Delete	TITLE		□ Change □ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

TITLE		□ Delete	TITLE		□ Change □ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: _____   5-16-05   407-339-5299

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #