## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000013583  1. Entry Name Princips Place of Bueness 9700 COLLINS AVE 252 BAY HARBOR ISLANDS, FL 33154 US  DO NOT WRITE IN THIS SPACE  1. Entry Name 1. Entry	AITHVAL II	rei Oiri			
9700 COLLINS AVE 252 BAY HARBOR ISLANDS, FL 33154 US  DO NOT WRITE IN THIS SPACE    DO NOT WRITE IN THIS SPACE	1. Entity Name	33		April 2005 08:00 AM Secretary of State	-
DO NOT WRITE IN THIS SPACE    0.3152005 No Chg-P   CR2E034 (10/03)	9700 COLLINS AVE 252	9700 COLLINS AVE 252	154 US	- - - 	
GITTLESON, SHELDON FUTURE ELECTRONICS 9700 COLLINS AVE STE 252 BAY HARBOR ISLANDS, FL 33154  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 are the obligations of registered agent.  SIGNATURE    Signature   Sign	DO NOT WRITE II		CE	03152005 No Chg-P CR2E034 (10/03)  4. FEI Number	d For
the obligations of registered agent.  SIGNATURE    Signature, typed or privad name of registered agent and the Expellacate.   SNOTE Registered Agent signature required when reinstating)   DATE	GITTLESON, SHELDON FUTURE ELECTRONICS 9700 COLLINS AVE STE 252 BAY HARBOR ISLANDS, FL 33154			IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP  LEVY, DAVID 9700 COLLINS AVE STE 252 BAY HARBOR ISLAND, FL 33154  TITLE NAME NAME NAME NAME NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and title  FILE NOW!!!! FEE IS \$150.00	ie if applicable. (NOTE: Registere	d Agent signature require	od when reinstating)  DATE  DATE	acce
STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS	TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP BAY HARBOR ISLANDS, FL TITLE TITLE  P LEVY, DAVID STREET ADDRESS 9700 COLLINS AVE BAY HARBOR ISLANDS, FL TITLE	ECTORS		Unnnnn293042 04/08/05-80012-018 150.00	
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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:

STREET ADDRESS City-ST-Zip

5/3/05 305-867-184

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