


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 11, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000024289	
1. Entity Name CLOSET WORLD, INC.	

Principal Place of Business 3430 SW 15TH COURT FT LAUDERDALE FL 33312	Mailing Address 3430 SW 15TH COURT FT LAUDERDALE FL 33312
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent LANDERS, CHARLES 3430 SW 15TH COURT FT LAUDERDALE FL 33312	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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	DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> Delete
NAME	LANDERS, DAVID
STREET ADDRESS	3430 SW 15TH COURT
CITY - ST - ZIP	FT LAUDERDALE FL 33312
TITLE	<input type="checkbox"/> Delete
NAME	LANDERS, ROBERT CHARLES SR
STREET ADDRESS	3430 SW 15TH COURT
CITY - ST - ZIP	FT LAUDERDALE FL 33312
TITLE	<input type="checkbox"/> Delete
NAME	LANDERS, MARK
STREET ADDRESS	3430 SW 15TH COURT
CITY - ST - ZIP	FT LAUDERDALE FL 33312
TITLE	<input type="checkbox"/> Delete
NAME	KINGSLEY, TERRI
STREET ADDRESS	3430 SW 15TH COURT
CITY - ST - ZIP	FT LAUDERDALE FL 33312
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	U000000300009
CITY - ST - ZIP	04/12/05-80002-025 150.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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 another like empowered.	
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SIGNATURE: 	4-11-05	954-316-6568
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #