

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2005 8:00 am**  
**Secretary of State**

04-26-2005 90148 049 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                 |                                                                                                                                                                                                                         |                                                                                                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|
| <b>DOCUMENT # P98000024448</b><br>1. Entity Name<br><b>MEDITERRANEAN VILLAGE INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                 |                                                                                                                                                                                                                         |                                                                                                              |
| Principal Place of Business<br><b>17 W. LAS OLAS BLVD.<br/>FORT LAUDERDALE, FL 33301</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                 | Mailing Address<br><b>17 W. LAS OLAS BLVD.<br/>FORT LAUDERDALE, FL 33301</b>                                                                                                                                            |                                                                                                              |
| 2. Principal Place of Business<br><b>1815 Cordova Road</b><br>Suite, Apt. #, etc.<br><b># 210</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                 | 3. Mailing Address<br><b>P.O. Box 459</b><br>Suite, Apt. #, etc.                                                                                                                                                        |                                                                                                              |
| City & State<br><b>Fort Lauderdale, FL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                 | City & State<br><b>Fort Laud., FL</b>                                                                                                                                                                                   |                                                                                                              |
| Zip<br><b>33316</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                 | Zip<br><b>33302</b>                                                                                                                                                                                                     |                                                                                                              |
| Country<br><b>USA</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                 | Country<br><b>USA</b>                                                                                                                                                                                                   |                                                                                                              |
| 4. FEI Number<br><b>65-0820370</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 | Applic For<br><input type="checkbox"/> Not Applicable                                                                                                                                                                   |                                                                                                              |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                 | <b>\$8.75 Additional Fee Required</b>                                                                                                                                                                                   |                                                                                                              |
| 6. Name and Address of Current Registered Agent<br><br><b>MORGAN, WALTER L<br/>315 N.E. THIRD AVENUE #200<br/>FORT LAUDERDALE, FL 33301</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                 | 7. Name and Address of New Registered Agent<br>Name <b>John T. Loos</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>1815 Cordova Road #210</b><br>City <b>Fort Laud</b> <b>FL</b> Zip Code <b>33316</b> |                                                                                                              |
| 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.<br>SIGNATURE <b>John T. Loos</b> <i>[Signature]</i> <b>4/15/05</b><br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)</small>                                                                                                                                                                                        |                                 |                                                                                                                                                                                                                         |                                                                                                              |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2005 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                                                                                                  |                                                                                                              |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                 | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                                                                                                                                                            |                                                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><b>DTS<br/>HALMOS, STEVEN J<br/>17 W LAS OLAS BLVD.<br/>FORT LAUDERDALE, FL 33301</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><b>P<br/>Loos, John T<br/>1815 Cordova Road #210<br/>Fort Lauderdale, FL 33316</b>                                                                                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><b>P<br/>LOOS, JOHN T<br/>900 SE 3 AVE.<br/>FORT LAUDERDALE, FL 33316</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><b>D<br/>MAHANEY, THOMAS<br/>1724 SE 7TH ST.<br/>FORT LAUDERDALE, FL 33316</b>                                                                                        | <input checked="" type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><b>DT<br/>WRIGHT, PETER<br/>1080 SE 3RD AVE.<br/>FORT LAUDERDALE, FL 33316</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>                                                                                                                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>                                                                                                                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>                                                                                                                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                            |
| 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. |                                 |                                                                                                                                                                                                                         |                                                                                                              |
| <b>SIGNATURE:</b> <i>[Signature]</i> <b>AS PRESIDENT</b> <b>4/15/05</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                 | <small>Date Daytime Phone #</small>                                                                                                                                                                                     |                                                                                                              |