2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2005 08:00 AM
Secretary of State

	ANNUAL R	EPURI		_	11p1 02, 2000 (
DOCUMENT # P98000027323					Secretary of	i State	
1. Entity Nam	ie	- -					
THE SCH	IMENGIE CORPORATION						
Principal Plac	e of Business A	Mailing Address	<u>, </u>	1			
215 N.E. 6TI		215 N.E. 6TH AVE,					
DELRAY BEA	CH, FL 33483_	DELRAY BEACH, FL 33483					
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			CE	02262005	No Chg-P CR2E034 (10/03	;)	
	O NOT WRITE I	N THIS SPA		4. FEI Numbe	er I	Applied For	
				65-115	r 	Not Applicable	
				5. Certificate	of Status Desired		
	5. Name and Address of Current Regi	stered Agent	25 3 25 55 55				
	Y, TIMOTHY		DO	NOT WRITE	**************************************		
215 NE 6TH AVENUE DELRAY BEACH, FL 33483							
DELRAT BEACH, FL 33403				~ IN 7	THIS SPACE		
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 1.00000000000000000000000000000000000							
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution				.00 May Be ded to Fees	U00000285025 04/02/05-80028-017	150.00	
10.	OFFICERS AND DIRE	ECTORS				Fr a mark whoma	
TITLE NAME	DP MCLARNEY, TIMOTHY G						
STREET ADDRESS	215 N.E. 6TH AVE.	-	1				
CITY-ST-ZIP	DELRAY BEACH, FL 33483					-	
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CITY-ST-ZIP			-	<u> </u>	······································		
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STREET ADDRESS	_						
CITY-ST-ZIP							
TITLE					THE RESERVE OF THE PROPERTY OF		
NAME STREET ADDRESS	}		1				
CITY-ST-ZIP							
12. I hereby	certify that the Information supplied with this	filing does not qualify for the exe	mption stated in Se	ection 119.07(3)	(i), Florida Statutes. I further certify that the	information	
of the co	12. I hereby certify that the Information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), 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.						
unangeo _	, or on an attachment with an address, with	an outer interempowered.			•		

SIGNING FFICER OR DIRECTOR

SIGNATURE: