

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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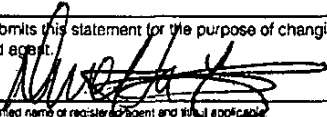
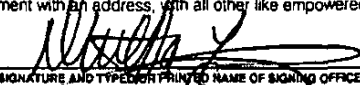
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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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05162005 Chg-P CR2E034 (10/03)

DOCUMENT # P98000048786					
1. Entity Name TIMELESS ENTERPRISES INC.					
Principal Place of Business 3500 N. STATE RD 7., #290 FORT LAUDERDALE, FL 33319			Mailing Address 3500 N. STATE RD 7., #290 FORT LAUDERDALE, FL 33319		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 65-0845049				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HUNTER, DWETTA 3500 N. STATE RD 7., #290 FORT LAUDERDALE, FL 33319 <i>Address change under # 7</i>			Name Hunter, Dwetta Street Address (P.O. Box Number is Not Acceptable) 3500 N. State Rd 7 #290 City Fort Lauderdale FL Zip Code 33319		
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: 6-29-2005		
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PS	<input type="checkbox"/> Delete	TITLE	PS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUNTER, DWETTA		NAME	Hunter, Dwetta	
STREET ADDRESS	3500 N STATE RD #290		STREET ADDRESS	3500 N. State Rd 7 #290	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33319		CITY-ST-ZIP	Fort Lauderdale, FL 33319	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: 			Date 6-29-2005 (904) 731-7249		
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone		