

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2005 8:00 am**  
**Secretary of State**

04-12-2005 90127 005 \*\*\*158.75

<b>DOCUMENT # P98000054856</b> 1. Entity Name <b>POTTER'S HOUSE AT CANNON POINT, INC.</b>			
Principal Place of Business <b>7342 NW 49 STREET</b> <b>LAUDERHILL, FL 33319</b> <i>5820 NW 27 CT</i>		Mailing Address <b>7342 NW 49 STREET</b> <b>LAUDERHILL, FL 33319</b> <i>5820 NW 27 CT</i>	
2. Principal Place of Business Suite, Apt. #, etc. <b>Lauderhill, FL</b> City & State <b>33313 Broward</b> Zip Country		3. Mailing Address Suite, Apt. #, etc. <b>Lauderhill, FL</b> City & State <b>33313 Broward</b> Zip Country	
4. FEI Number <b>65-0847437</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>BUCHANAN, NEVILLE</b> <b>7342 NW 49TH STREET</b> <b>LAUDERHILL, FL 33319</b>		7. Name and Address of New Registered Agent Name <i>Patricia Buchanan</i> Street Address (P.O. Box Number is Not Acceptable) <i>5820 NW 27 CT.</i> City <i>Lauderhill</i> <b>FL</b> Zip Code <i>33313</i>	
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 <i>Patricia Buchanan</i> DATE <i>3/30/05</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>P</b> <input checked="" type="checkbox"/> Delete NAME <b>BUCHANAN, NEVILLE</b> STREET ADDRESS <b>7342 NW 49TH STREET</b> CITY-ST-ZIP <b>LAUDERHILL, FL 33319</b>	TITLE <i>Buchanan Neville</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME <i>7342 NW 49 ST.</i> STREET ADDRESS <i>Lauderhill, FL 33319</i> CITY-ST-ZIP		
TITLE <b>P</b> <input type="checkbox"/> Delete NAME <b>BUCHANAN, PATRICIA</b> STREET ADDRESS <b>7342 NW 49TH STREET</b> CITY-ST-ZIP <b>LAUDERHILL, FL 33319</b>	TITLE <i>Buchanan Heather</i> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME <i>7342 NW 49 ST.</i> STREET ADDRESS <i>Lauderhill, FL 33319</i> CITY-ST-ZIP		
TITLE <i>Heather</i> <input checked="" type="checkbox"/> Delete NAME <i>Buchanan Heather</i> STREET ADDRESS <i>7342 NW 49 ST.</i> CITY-ST-ZIP <i>Lauderhill, FL 33319</i>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete 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"/> Delete 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 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: <i>Patricia Buchanan</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <i>3/30/05</i> Daytime Phone # <i>954-448-1557</i> <i>954-746-8584</i>	