2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

FILED : Aug 29, 2005 08:00 AM Secretary of State DOCUMENT # P98000060880 RYAN EICHLER ENTERPRISES, INC. Principal Place of Business Mailing Address 8422 ASHFORD PL 8422 ASHFORD PL NEW PORT RICHEY, FL 34655 NEW PORT RICHEY, FL 34655 05032005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3522217 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent EICHLER, RYAN DO NOT WRITE 8422 ASHFORD PL NEW PORT RICHEY, FL 34655 IN 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 Inted name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Due by September 7, 2005 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE EICHLER, RYAN NAME 8422 ASHFORD PL STREET ADDRESS CITY-ST-ZIP NEW PORT RICHEY, FL 34655 TITE 6 //00000377278 08/29/05-80003-003 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 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 cath; that I am an officer or director of the corporation or the receiver or truebe empoyed 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.

D OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR