2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000097179

Entity Name: FORDELI, INC.

FILED Aug 02, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1821 SEA OATS AVENUE 2918 AMELIA BLUFF DRIVE FERNANDINA BEACH, FL 32034 JACKSONVILLE, FL 32226

Current Mailing Address: New Mailing Address:

1821 SEA OATS AVENUE 2918 AMELIA BLUFF DRIVE FERNANDINA BEACH, FL 32034 2918 AMELIA BLUFF DRIVE JACKSONVILLE, FL 32226

FEI Number: 59-3543668 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

D'ESTERHAZY, PATRICIA A

1821 SEA OATS AVENUE
FERNANDINA BEACH, FL 32034 US

D'ESTERHAZY, PATRICIA A

2918 AMELIA BLUFF DRIVE

JACKSONVILLE, FL 32226 US

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.

SIGNATURE: PATRICIA A D'ESTERHAZY 08/02/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

 Title:
 DPT () Delete

 Name:
 D'ESTERHAZY, PATRICIA A

 Address:
 1821 SEA OATS AVENUE

 City-St-Zip:
 FERNANDINA BEACH, FL 32034

 Title:
 DVS
 () Delete

 Name:
 D'ESTERHAZY, JAMES L

 Address:
 1821 SEA OATS AVENUE

 City-St-Zip:
 FERNANDINA BEACH, FL 32034

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change () Addition
Name: D'ESTERHAZY, PATRICIA A
Address: 2918 AMELIA BLUFF DRIVE
City-St-Zip: JACKSONVILLE, FL 32226

Title: DVS (X) Change () Addition

Name: D'ESTERHAZY, JAMES L Address: 2918 AMELIA BLUFF DRIVE City-St-Zip: JACKSONVILLE, FL 32226

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA A D'ESTERHAZY DPT 08/02/2005