

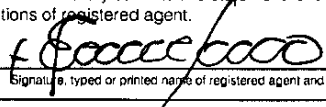
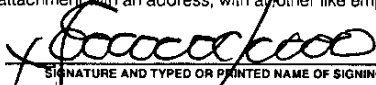


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 31, 2005 8:00 am**  
**Secretary of State**

05-31-2005 90009 025 \*\*\*150.00

<b>DOCUMENT # P99000010197</b> 1. Entity Name <b>OLYMPITS MACHINE SHOP, INC.</b>					
Principal Place of Business <b>2716 FORSYTH ROAD, STE. 120 WINTER PARK, FL 32792</b>			Mailing Address <b>2716 FORSYTH ROAD, STE. 120 WINTER PARK, FL 32792</b>		
2. Principal Place of Business <b>2716 Forsyth Road</b> Suite, Apt. #, etc. <b>Ste. 120</b>		3. Mailing Address Suite, Apt. #, etc.  			
City & State <b>Winter Park, FL</b>		City & State  		05092005      Chg-P      CR2E034 (10/03)	
Zip <b>32792</b>		Country  		4. FEI Number <b>59-3560105</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>PARRA, ELBA CECILIA 1892 CARALLEE BLVD., APT 3 ORLANDO, FL 32822</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"><b>FL</b>      Zip Code</div>		
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:  <b>Elba Cecilia Parra, president. 5-25-05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small> DATE					
<b>FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005</b>		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 NAME STREET ADDRESS CITY-ST-ZIP	PSD PARRA DE PINTO, ELBA CECILIA 1892 CARELEE BLVD., APT #3 ORLANDO, FL 32822	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD Parra de Pinto, Elba Cecilia 1984 Van Sheffield Dr. Orlando FL 32827
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 another like empowered.					
SIGNATURE: 				Date: <b>5-25-05</b> Daytime Phone: <b>(407) 678-1149</b>	